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PHASISIAN MEDICAL CENTER
HERNANDO MEDICAL CTR
Suite 407
11375 Cortez Blvd
Brooksville, FL 34613

Use Only

1):

1. _____ (Corporation Name) _____ (Document #)
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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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-07/18/97--01123--002
*****78.75 *****78.75

FILED
97 JUL 18 PM 1:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Examiner's Initials

6/18/97
01123

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

97 JUL 18 PM 1:58
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PHYSICIAN MANAGEMENT ALLIANCE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

HERNANDO MEDICAL CENTER, Suite 407
11375 CORTEZ BLVD.
BROOKSVILLE, FL 34613

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are:

HALA SAHLLOUL
3455 HARBOR POINTE DRIVE
PORT RICHEY, FLORIDA 34668

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ROBERT SONNTAG
7360 WESTPOINTE BLVD #120
ORLANDO, FLORIDA 32835


Signature/Incorporator

7/15/97
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

7-15-97
Date