

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

**P97000063092**

Shirley A. Lee, M.D., P.A.

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DIVISION OF CORPORATIONS

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Signature \_\_\_\_\_

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- ☒ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Name Reservation \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- ☒ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

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ARTICLES OF INCORPORATION  
OF  
SHIRLEY A. ICE, M.D., P.A.

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The undersigned subscriber to these Articles of Incorporation, being duly licensed to practice medicine under the laws of the State of Florida, adopts these articles to form a corporation under the Professional Service Corporation Act, F.S. Chapter 621, and other laws of the State of Florida.

ARTICLE ONE - NAME

The name of the professional service corporation is Shirley A. Ice, M.D., P.A.

ARTICLE TWO - PRINCIPAL OFFICE

The principal office and mailing address of this corporation is 20661 Datesman Ave., Dunnellon FL 34431.

ARTICLE THREE - PURPOSE

The professional service corporation is formed to engage in every phase and aspect of the practice of medicine. In addition, the corporation may invest the funds of the professional service corporation in real estate, mortgages, stocks, bonds, or any other type of investment, and own real and personal property necessary for the rendering of professional services.

ARTICLE FOUR - TERM OF EXISTENCE

The professional service corporation shall have perpetual existence starting on the date these articles of incorporation are filed with the Florida Department of State.

ARTICLE FIVE - CAPITAL STOCK

The capital stock of the professional service corporation shall be 1,000 shares of common stock having no par value per share.

None of the shares of the professional service corporation may be issued to anyone other than an individual duly licensed to practice medicine in the State of Florida.

ARTICLE SIX - REGISTERED OFFICE AND AGENT

The name and address of the initial registered agent of this professional service corporation are:

Shirley A. Ice, M.D.  
20661 Datesman Ave.  
Dunnellon, Florida 34431

ARTICLE SEVEN - BOARD OF DIRECTORS

The business of the corporation shall be managed by its board of directors. The initial board of directors of the corporation shall consist of one (1) member.

The names and addresses of the first board of directors are:

Name	Address
Shirley A. Ice, M.D.	20661 Datesman Ave. Dunnellon, Florida 34431

ARTICLE EIGHT - INCORPORATOR


The name and address of the person signing these articles of incorporation as incorporator are:

Shirley A. Ice, M.D.  
20661 Datesman Ave.  
Dunnellon, Florida 34431

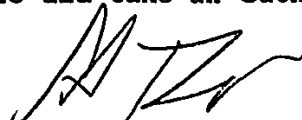
ARTICLE NINE - AMENDMENT

The corporation reserves the right to amend or repeal any provisions in these articles of incorporation in the manner provided by law. Any right conferred on the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator executed these articles of incorporation this 16th day of July, 1997.

  
Shirley A. Ice, M.D.  
Incorporator

The foregoing instrument was acknowledged before me this 16th day of July, 1997, by Shirley A. Ice, who is personally known to me or who has produced personally known as identification and who did take an oath.

  
Notary Public, State of Florida  
Printed Name: \_\_\_\_\_  
My commission Expires: \_\_\_\_\_

(SEAL)



STEVE BAIRSTOW  
My Commission CC480702  
Expires May. 21, 1999  
Bonded by HAI  
800-422-1658

**DESIGNATION AND ACCEPTANCE OF REGISTERED AGENT**

Pursuant to the provisions of the laws of the State of Florida, the undersigned professional service corporation organized under the laws of the State of Florida, submits the following statement in designating the registered agent and registered office in the State of Florida.

- (1) The name of the corporation is Shirley A. Ice., M.D., P.A.
- (2) The name of the registered agent is Shirley A. Ice, M.D.
- (3) The address of the registered agent/registered office is 20661 Datesman Ave., Dunnellon, Florida 34431.

**Acceptance**

Having been named as registered agent and designated to accept service of process for the above professional service corporation, I hereby accept the appointment as registered agent and agree to act in that 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.

Date: July 16, 1997

Shirley A. Ice, M.D.  
Shirley A. Ice, M.D.

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