

P970000 70764

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

FILED  
97 AUG 14 AM 12:46  
TALLAHASSEE, FLORIDA

LAW OFFICES OF

ANDREW P. TRAKAS, P.A.

P.O. DRAWER 1151  
WINTER HAVEN, FL 33882-1151

TELEPHONE (813) 299-5675

FACSIMILE (813) 293-6514

August 12, 1997

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: John D. Campbell, M.D., P.A.

Gentlemen:

Please file the enclosed original Articles of Incorporation and return receipted copy to this office. Check in the amount of \$70.00 is also enclosed.

Very truly yours,

*Andrew P. Trakas*  
ANDREW P. TRAKAS

300002267383--1  
-08/14/97--01106--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Annual Report
Fictitious Name
Name Reservation

QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

P. CHANDLER

AUG 15 1997

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**JOHN D. CAMPBELL, M.D., P.A.**

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a Corporation under the laws of the State of Florida.

FILED  
97 AUG 14 AM 11:46  
TALLAHASSEE, FLORIDA

**ARTICLE I- NAME**

The name of this Corporation is: **JOHN D. CAMPBELL, M.D., P.A.**

**ARTICLE II - PURPOSE**

This Corporation is organized pursuant to the provisions of Chapter 607 and Chapter 621 of the Laws of the State of Florida for the purpose of rendering medical services.

**ARTICLE III - CAPITAL STOCK**

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is 500 shares of common stock having a par value of \$1.00 each.

**ARTICLE IV - INITIAL CAPITAL**

The amount of capital with which this Corporation will begin business is \$500.00.

**ARTICLE V - TERM OF EXISTENCE**

This Corporation is to exist perpetually unless sooner dissolved by operation of law or pursuant to law.

**ARTICLE VI - ADDRESS**

The initial post office address of the principal office of this Corporation in the State of Florida is 517 Highway 17-92 West, Haines City, Florida, 33844. The principal office of this Corporation may be moved to any other location and address in the State of Florida at the discretion of the Stockholders.

**ARTICLE VII - MANAGEMENT BY STOCKHOLDERS**

The business of this Corporation shall be managed by its Stockholders rather than a Board of Directors. In the management of the business of the Corporation the act of the Stockholders representing a majority of the outstanding shares of the Corporation entitled to vote, represented

in person or by proxy, shall constitute a quorum at any meeting of the Stockholders for the management of the business of the Corporation. The Corporation, for purposes of compliance with the Laws of the State of Florida, shall have one Director whose name and address is: John D. Campbell, M.D., 517 Highway 17-92 West, Haines City, Florida, 33844.

#### ARTICLE VIII - SUBSCRIBERS

The name and post office address of the subscriber to these Articles of Incorporation, the number of shares of stock and the value of the consideration therefor are:

NAME	ADDRESS	SHARES	CONTRIBUTION
John D. Campbell	517 Highway 17-92 West Haines City, FL 33844	500	\$500.00

#### ARTICLE IX - INITIAL OFFICERS

The initial officers of this Corporation shall be:

President and Director:	John D. Campbell, M.D.
Secretary:	Veronique Campbell

#### ARTICLE X - AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved at a meeting of the Stockholders by a majority of the Stockholders.

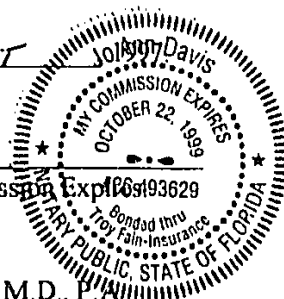
  
JOHN D. CAMPBELL, M.D.

STATE OF FLORIDA  
COUNTY OF POLK

Before me personally appeared **John D. Campbell, M.D.**, personally known to me, and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this 11 day of August

  
Notary Public, My Commission Expires 10/22/1999



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

FIRST. That **JOHN D. CAMPBELL, M.D., P.A.** desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at 313 Security Square, City of Winter Haven, County of Polk, State of Florida, has named **JOHN D. CAMPBELL, M.D.** located at 517 Highway 17-92 West, Haines City, Polk County, Florida, 33844, as its agent to accept service of process within this State.

  
\_\_\_\_\_  
**JOHN D. CAMPBELL, M.D., Incorporated**

FILED  
97 AUG 14 AM 12:46  
TALLAHASSEE, FLORIDA

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above stated Corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

  
\_\_\_\_\_  
**JOHN D. CAMPBELL, M.D., Registered Agent**