STEPHEN'F. SCHOLLE, M.D.

1880 Stevenson Road Ft. Myers, Florida 33917 Phone: (941) 731-6601 Fax: (941) 731-7678

DIPLOMATE AMERICAN BOARD OF EMERGENGY MEDICINE
DIPLOMATE AMERICAN BOARD OF FORENSIC MEDICINE
DIPLOMATE AMERICAN BOARD OF ANESTHESIOLOGY

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

300002324933——4 -10/20/97—01170—001 ()) ****131.25 *****131.25

Dear Sirs:

I have enclosed forms and a check for incorporation as a profit Professional
Corporation. I have also enclosed a Postal Overnight Mail prepaid envelope for you
to return the Certified Copy and Certificate to me

Thank you for your assistance.

AUTHORIZATION BY PHONE TO

DOC. EXAM

97.0CT 20 PHI2: 2 ECRETARY OF STAT LLAHASSEE FLORI

-M-10/22/97

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.

	6.0	* 4	117,000
ARTICLE I NAME The name of the companion shall be:			
The name of the corporation shall be: Stephen F. Scholle, 1	m,O,	P.	A.
			•
ARTICLE II PRINCIPAL OFFICE			
The principal place of business and mailing address of this corporation shall be:			
1880 Stevenson Road			
FT. Myers, FL. 33917			
ARTICLE III SHARES			
The number of shares of stock that this corporation is authorized to have outstanding at any on	e time i	s:	
100			
The purpose of this Professional Association is the practice	e of	Fami 1	Ι ν
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS		Medio	_
The name and Florida street address of the initial registered agent are:			
Stephen F. Scholle, M.D.			
1880 Stevenson Road			
ARTICLE V INCORPORATOR			
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	ĭZ	۵	
Stephen F. Scholle, M.D., 1880 Stevenson Road	ECR	70	
1880 Stevenson Road	¥5.	0CT	T
FT. Myers, 12L 33917	SSE	20	Laurence .
of all Mar	بىر ئىرى	PH	
Nepur (1 (lux) 10/16/97	0-1	<u>''Y </u>	3
Signature/Incorporator / Date	35	29	

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

Having oven namea as registerea agent and to accept service of p	process for the above stated corporation at the place designated in this
certificate, I hereby accept the appointment as registered agent of	and agree to act in this capacity. I further agree to comply with the
provisions of fiff statutes relating to the proper and complete	performance of my duties, and I am familiar with and accept the
obligations of thy position as registered beent	, ,
X V (A D A A A A A (I (I / I / I / I)	performance of my duties, and I am familiar with and accept the $ 0 /6/9$
Signature/Registered Agent	Date

Date