# PAT OCCUPAND 197 ATTORNEYS AT LAW 2544 BLAIRSTONE PINES DRIVE TALLAHASSEE, FLORIDA 32301

RONALD G. MEYER THOMAS W. BROOKS ANTHONY D. DEMMA ROBERT J. SNIFFEN 850/878-5212

MAILING ADDRESS:
POST OFFICE BOX 1547
TALLAHASSEE, FLORIDA 32302

November 17, 1997

Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Articles of Incorporation

000002357490--8 -11/26/97--01004--008 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

FAX: 850/656-6750

Dear Sir or Madam:

Please find enclosed the Articles of Incorporation submitted to create a new, for-profit corporation to be called the Federation of Physicians and Dentists IPA, Inc., along with a check for \$70.00 to cover the filing fee for this entity. I note that I have filed simultaneously, under separate cover, the Articles of Dissolution for a non-profit corporation of the same name with an Affidavit releasing that name for use by other entities. It is my understanding that your office will dissolve the non-profit corporation and process its name-release affidavit prior to dealing with the articles submitted for this new, for-profit corporation of the same name.

Please contact me at (850) 878-5212 if additional information is needed.

Sincerely,

Anthony D. Derhma

ADD/jg Enclosure

1,4

#### **AFFIDAVIT**

# FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### STATE OF FLORIDA COUNTY OF LEON

Before me personally appeared JOHN J. SEDDON, who, after being duly sworn, states the following:

- 1. My name is John J. Seddon and I am currently the Executive Director of the Federation of Physicians and Dentists IPA, Inc. (FPD IAP, Inc.), a Florida non-profit corporation for which Articles of Dissolution have recently been voluntarily filed.
- 2. FPD IPA, Inc. has no plans to reorganize as a non-profit corporation and hereby makes its name available for immediate use by anyone seeking to incorporate under that name.

FURTHER AFFIANT SAYETH NAUGHT.

John J. Seddon

Executive Direction of FPD IPA, Inc.

STATE OF FLORIDA COUNTY OF LEON

|                                                | مرياد ما<br>مرياد ما                                 |
|------------------------------------------------|------------------------------------------------------|
| The foregoing instrument was acknowled         | edged before me on this 12 day of November, 1997, by |
| John I Seddon - 🗸 who is personally knowl      | n to me OR who has produced satisfactory evidence    |
| of identification (check one) and who did      | ORdid not (check one) take an oath stating that the  |
| foregoing was executed for the purposes stated | I therein.                                           |
| m ort do do Do tout.                           |                                                      |
| Type of Identification Produced:               | <del></del>                                          |
|                                                |                                                      |
|                                                |                                                      |

PRINTED NAME

My Commission Expires:

## 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.

#### ARTICLE I - NAME

The name of the corporation shall be:

Federation of Physicians and Dentists IPA, Inc.

#### ARTICLE II - PRINCIPAL OFFICE

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

3815 North U.S. 1, Suite 121 Cocoa, Florida 32927

#### ARTICLE III - SHARES

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

500 shares

### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mike Vosch 3815 North U.S. 1, Suite 121 Cocoa, Florida 32927

#### ARTICLE V - INCORPORATOR

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

John J. Seddon, Executive Director 106 West Jefferson Street Tallahassee, Florida 32301

Signature/Incorporator

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

Date