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THOMPSON & ADAMS
ONE INDEPENDENT DRIVE, SUITE 3131
JACKSONVILLE, FLORIDA 32202

City/State/Zip

Phone #

100002372121--8

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) 100002372121--8
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #) 100002372121--8
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4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

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☐ 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

12/18

ARTICLES OF INCORPORATION
OF
TOD NORTHRUP, D. O., P. A.

ARTICLE I

NAME

The name of this corporation is "Tod Northrup, D. O., P. A."

ARTICLE II

NATURE OF BUSINESS

This corporation is organized for the purpose of engaging in the practice of medicine and transacting any or all lawful business permitted under the laws of the State of Florida or any other state and of the United States.

ARTICLE III

CAPITAL STOCK

This corporation is authorized to issue ten thousand (10,000) shares of common stock having a par value of One Dollar (\$1.00) per share, which shares shall be and hereby are designated as "Common Shares". Without action by the stockholders, any or all of the authorized shares may be issued by the corporation from time to time for such consideration as may be fixed by the Board of Directors of this corporation.

ARTICLE IV

TERM OF EXISTENCE

The term for which this corporation shall exist shall be perpetual, commencing on the date of filing.

ARTICLE V

PRINCIPAL OFFICE OF THE CORPORATION

The principal office of the business of the corporation shall be 1100 South Ponce de Leon Boulevard, Suite 4, St. Augustine, Florida 32086. The Board of directors may, from time to time, change the principal office and mailing address to any other address in Florida.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The initial registered office of this corporation in the State of Florida is 1100 South Ponce de Leon Boulevard, Suite 4, St. Augustine, Florida 32086, and the name of the initial registered agent of this corporation at that address is Karen Lee Haseltine. The Board of Directors may, from time to time, change the registered agent or move the registered office to any other address in Florida.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) Directors initially. The number of Directors may be increased or diminished, from time to time, by amendment to the Bylaws, but in no event shall the number of Directors be reduced below one (1). The names and addresses of the initial Directors of this corporation are:

<u>NAME</u>	<u>ADDRESS</u>
Tod Northrup	1100 South Ponce de Leon Boulevard, Suite 4 St. Augustine, FL 32086

ARTICLE VIII

INCORPORATOR

The name and address of the Incorporator of this corporation is:

NAME

ADDRESS

Tod Northrup

1100 South Ponce de Leon Boulevard, Suite 4
St. Augustine, FL 32086

ARTICLE IX

BYLAWS

Both the shareholders and the Board of Directors may repeal, amend or adopt Bylaws for the corporation, pursuant to these Articles, except that the shareholders may prescribe in any Bylaws made by them that such Bylaws shall not be altered, repealed or amended by the Board of Directors.

ARTICLE X

AMENDMENTS

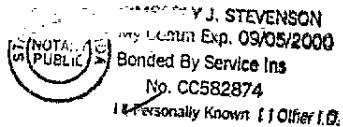
These Articles of Incorporation may be amended in the manner provided by law. Both the shareholders and the Board of Directors may repeal, amend or adopt Bylaws for the corporation, pursuant to these Articles, except that the shareholders may prescribe in any Bylaws made by them that such Bylaw shall not be altered, repealed or amended by the Board of Directors.

IN WITNESS WHEREOF, the undersigned Incorporator, being a natural person competent to contract, has hereunto set his hand and affixed his seal this 1 day of December, 1997.


_____(SEAL)
Tod Northrup, Incorporator

STATE OF FLORIDA
COUNTY OF St. JOHNS

The foregoing instrument was acknowledged before me this 1 day of December, 1997, by TOD NORTHRUP, who is personally known to me or who has produced personally known as identification.



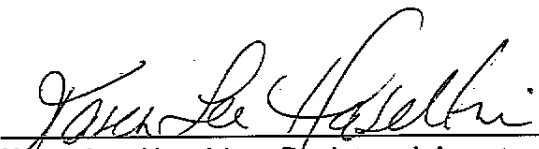
(SEAL)

Kimberly J. Stevenson
Print Name: Kimberly J. Stevenson
Notary Public, State of Florida
My Commission expires: 9-5-2000
Commission Number: CC582874

CERTIFICATE OF ACCEPTANCE OF DESIGNATION OF
REGISTERED AGENT OF
TOD NORTHRUP, D. O., P. A.

Pursuant to Sections 48.091 and 607.034, Florida Statutes, the undersigned, having been designated as the initial Registered Agent for the service of process within the State of Florida upon Tod Northrup, D. O., P. A., a corporation organized under the laws of the State of Florida, does hereby accept the appointment as such Registered Agent for the above-named corporation, and does hereby agree to comply with the provisions of Section 48.091(2) relative to keeping open the Registered Office of said corporation, which Registered Office is located at 1100 South Ponce de Leon Boulevard, Suite 4, St. Augustine, Florida 32086.

IN WITNESS WHEREOF, I, such designated Registered Agent, have hereunto set my hand and seal at St. Augustine, St. Johns County, Florida, on this 1 day of December, 1997.



Karen Lee Haseltine, Registered Agent