

TRANSMITTAL LETTER

P98000018788

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

00000244940--7  
-03/03/98--01002--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**SUBJECT:** HERNANDO SLEEP DISORDERS DIAGNOSTIC & TREATMENT CENTER  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Mr. Rajender S. Lamba, M.D.  
Name (Printed or typed)

13028 County Line Road

Address

Hudson, Fl 34667

City, State & Zip

813-862-3591

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 FEB 26 PM 12:42

FILED

**NOTE:** Please provide the original and one copy of the articles.

~~4498 2966~~  
~~4498 3487~~

Dmc  
2-10-98

~~308, 109, 505, 691, 2550~~  
~~691~~



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 10, 1998

RAJENDER S. LAMBA, M.D.  
13028 COUNTY LINE ROAD  
HUDSON, FL 34667

SUBJECT: HERNANDO SLEEP DISORDERS DIAGNOSTIC & TREATMENT  
CENTER  
Ref. Number: W98000002966

We have received your document for HERNANDO SLEEP DISORDERS  
DIAGNOSTIC & TREATMENT CENTER and check(s) totaling \$. However, your  
check(s) and document are being returned for the following:

Please sign and return your check in order to complete your filing.

The corporate name must contain a suffix that will clearly indicate that it is a  
corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO.,  
INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of  
this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 487-6923.

Doris McDuffie  
Corporate Specialist Supervisor

Letter Number: 298A00007599

## 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.

FILED  
98 FEB 26 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Hernando Sleep Disorders Diagnostic & Treatment Center, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

Your Family Doctor Clinic  
13028 County Line Road  
Hudson, FL 34667

### ARTICLE III SHARES

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

100 One Hundred

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mr. Rajender S. Lamba, M.D. Registered agent  
13028 County Line Road  
Hudson, FL 34667

### ARTICLE V INCORPORATOR

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

Mr. Rajender S. Lamba, M.D.  
13028 County Line Road  
Hudson, FL 34667

X Rajender Lamba  
Signature/Incorporator

X 2-1-98  
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

X Rajender Lamba  
Signature/Registered Agent

X 2-1-98  
Date