

P98000019650

TRANSMITTAL LETTER

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

100002442921--8
-02/27/98--01088--020
***122.50 ***122.50

SUBJECT: Physicians SLEEP DISORDER CLINIC, INC.
(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
Additional Copy Required

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Lawrence Lieberman
Name (printed or typed)

8612 Villa Pt #422
Address

Orlando FL 32810
City, State & Zip

407 339 2113
Daytime Telephone number

DEPT. OF STATE
TALLAHASSEE, FLORIDA

98 FEB 27 PM 12:36

FILED

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

CB
3-2-98

ARTICLES OF INCORPORATION

FILED
98 FEB 27 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PHYSICIANS SLEEP DISORDER CLINIC, INC.

ARTICLE 11 PRINCIPAL OFFICE

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

7800 South Highway 17-92

Ste 144

Fern Park, FL 32730

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LAWRENCE S. LIEBERMAN

8612 VILLA PT #422

Orlando, FL 32810 (407)660-7810

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The names(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

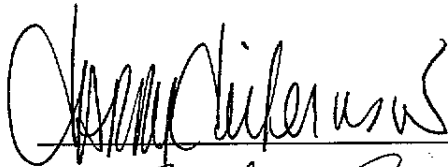
Lawrence Lieberman

Michael G. Roubique

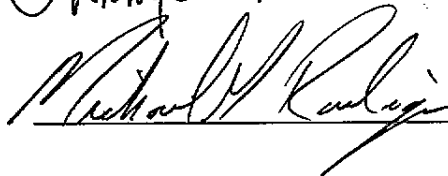
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26th day of FEBUARY, 1998.

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



2/26/98
Signature



2/26/98
Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Physicians Sleep Disorder Clinic, Inc.

2. The name and address of the registered agent and office is:

Lawrence Lieberman
(NAME)
8612 Villa Pt #422
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Orlando FL 32810
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 FEB 27 PM 12:36

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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)

2/26/98
(DATE)