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Pennington, Moore, V. Kimen, Donbar  
Requestor's Name

215 S. Monroe  
Address

Tallahassee FL 32308 222-3533  
City/State/Zip Phone #

FILED

98 JUN -3 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

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

1. THE GHOST PAIN CENTER OF TMAH, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

P. Hall  
JUN - 3 1998

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION  
OF  
THE CHEST PAIN CENTER OF TMH, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby makes, subscribes, acknowledges, and files this certificate for the purpose of becoming a corporation for profit under the laws of the State of Florida:

**ARTICLE I**

***Name***

The name of this Corporation shall be THE CHEST PAIN CENTER OF TMH, INC.

**ARTICLE II**

***Purpose***

This Corporation shall be organized for any and all businesses or purposes which are lawful under the laws of the State of Florida.

**ARTICLE III**

***Agent***

The registered agent of this Corporation shall be Judy S. Davis. The address of the registered agent shall be 1300 Miccosukee Road, Tallahassee, FL 32308.

**ARTICLE IV**

***Existence***

This Corporation shall have perpetual existence.

**ARTICLE V**

***Address***

The initial street address of the principal office of this Corporation shall be 1300 Miccosukee Road, Tallahassee, Florida 32308.

## **ARTICLE VI**

### ***Capital Stock***

The authorized capital stock of this Corporation shall consist of 1,000 shares of common stock.

## **ARTICLE VII**

### ***Preemptive Rights, Cumulative Voting***

Holders of the capital stock of the Corporation shall not have the preemptive right to purchase any new shares of stock or securities, or rights to acquire stock or securities of the Corporation. Cumulative voting shall not be allowed in the election of its directors or for any other purposes.

## **ARTICLE VIII**

### ***Directors***

This Corporation shall have no less than one (1) director nor more than fifteen (15) directors. The number on the Board shall be set from time to time by the Board of Directors of the Corporation, or by the stockholders at an annual or special meeting thereof.

## **ARTICLE IX**

### ***Incorporator***

The name and address of the Incorporator is: William A. Giudice.

## **ARTICLE X**

### ***Officers***

The officers of the Corporation shall be a President, and such other officers or agents as may be appointed or elected as set forth in the By-Laws. All officers, agents or employees as may be necessary shall be chosen in such a manner, for such time, and have such duties as may be described by the By-Laws or determined by the Board of Directors.

## **ARTICLE XI**


### **Indemnification**

The Corporation shall indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative, by reason of the fact that he is or was a director, officer, employee, or agent of the Corporation, or is, or was serving at the request of the Corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, to the full extent of the law.

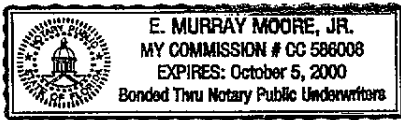
Indemnification as provided hereunder shall continue as to a person who has ceased to be a director, officer, employee, or agent and shall inure to the benefit of his heirs, executors, administrators and assigns.

The Corporation shall have the power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, or agent of the Corporation, or is, or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him and incurred by him in any such capacity, or arising out of the status as such, whether or not the Corporation has the power to indemnify him against such liability under the provision of this section.

IN WITNESS WHEREOF, I, the undersigned Incorporator, hereby set my hand and seal this 29 day of May, 1998, for the purpose of forming this Corporation under the laws of the State of Florida, and I hereby make and file in the Office of the Secretary of the State in the State of Florida the Articles of Incorporation and certify that the facts herein stated are true.

  
\_\_\_\_\_  
Incorporator

BEFORE ME, the undersigned officer, duly authorized to take acknowledgments and administer oaths, personally appeared William A. Giudice, and being first duly sworn and upon his oath, stated that William A. Giudice signed the above Articles of Incorporation for the conditions and purposes therein expressed this 29<sup>th</sup> day of May, 1998.



E. Murray Moore, Jr.  
NOTARY PUBLIC, STATE OF FLORIDA

E. Murray Moore, Jr.  
PRINTED NAME OF NOTARY; COMMISSION NUMBER AND  
EXPIRATION OF COMMISSION

Personally known to me ✓  
or produced the following identification: \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

THE CHEST PAIN CENTER OF TMH, INC.

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

JUDY S. DAVIS


(NAME)

1300 MICCOSUKEE ROAD

(P.O. BOX NOT ACCEPTABLE)

TALLAHASSEE, FLORIDA 32301

(CITY/STATE/ZIP)

Signature: 

WILLIAM A. GIUDICE

Title: Incorporator

Date: 5/29/98

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: 

JUDY S. DAVIS

Date: 6/1/98

Registered Agent Filing Fee: \$35.00