### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED SECRETARY OF STATE VISION OF CORFORATIONS

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#### ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
VISION OF CORPORATIONS

<u>of</u>

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#### DAVID A. LEV, M.D. P.A.

The undersigned, for the purposes of forming a corporation under the Florida General Corporation Act, Florida Statutes Chapter 607, hereby adopts the following articles of incorporation.

#### ARTICLE I:

#### NAME

The name of the corporation shall be DAVID A. LEV, M.D., P.A. The nature of the business is the medical practice of anesthesiology.

#### ARTICLE II:

#### PRINCIPAL OFFICE

The address of the principal office and the mailing address of the corporation is W. 555 Granada Blvd., Suite B1, Ormond Beach, FL 32174.

#### ARTICLE III:

#### CAPITAL STOCK AND PAR VALUE

The number of shares that this corporation is authorized to have outstanding at any one time is on hundred (100) shares of common stock. The par value of the stock of the corporation will be One Dollar and 00/100 (\$1.00) per share.

#### ARTICLE IV:

#### INITIAL REGISTERED AGENT AND ADDRESS

The initial registered agent is David A. Lev, M.D., and the street address of the initial registered office of the corporation is 335 North Beach Street, Ormond Beach, FL 32174.

#### ARTICLE V:

#### INCORPORATOR

The name and address of the incorporator is David A. Lev, M.D., 335 North Beach Street, Ormond Beach, FL 32174.

#### ARTICLE VI:

#### INITIAL OFFICERS

There shall be one initial officer of the corporation. The name, address and title of the officer is:

David A. Lev, M.D., 335 North Beach Street, Ormond Beach, FL 32174 who shall serve as President.

#### ARTICLE VII:

#### FISCAL YEAR

The fiscal year of the corporation shall end on December 31 of each calendar year.

The undersigned has executed these Articles of Incorporation this  $\sqrt{\frac{1}{2}}$  day of June, 1998.

David A. Lev. M.D.

IN WITNESS WHEREOF, I have subscribed my name this  $\frac{1}{2}$  day of June, 1998.

David A. Lev, M.D., Incorporator

STATE OF FLORIDA COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, personally appeared DAVID A. LEV, M.D., known to me to be the person who subscribed the foregoing Articles of Incorporation and acknowledged that he subscribed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 14th day of June, 1998.

Notary Public

My Commission Expires:

MARTHA A. LYONS
MY COMMISSION # CC 652478
EXPIRES: June 3, 2001
Bonded Thru Notary Public Underwriters

## CERTIFICATE of DESIGNATION 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: DAVID A. LEV. M.D., P.A.
- 2. The name and address of the registered agent and office is:

DAVID A. LEV, M.D.

335 North Beach Street

Ormond Beach, FL 32174

David A. Lev, M.D.

TITLE: President

Dated: \_\_\_\_\_\_\_6\\\\\\\

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby agree to 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.

DAVID A. LEV, M.D.

DATE:

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