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Return to
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LEW MERRYDAY, JR., P. A.
425 North Palm Ave.
Palatka, Florida 32177-2500
(904) 328-8306 or 328-8307
July 6, 1998

FAX: (904) 325-8086

FILED
98 JUL -8 PM 4: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attorneys' Title Insurance Fund, Inc.
Leon Branch
660 East Jefferson, Suite 200
Tallahassee, Florida 32301

RE: Filing of incorporation papers

Dear Sir:

Find enclosed a check in the amount of \$122.50 for which please file the Articles of Incorporation for Neurological Associates of North Florida, P.A. and notify me when this has been done.

I am a Fund member and my member number is 5865. I enclose a check in the amount of \$15.00 to cover your services in this matter.

Sincerely,



Lew Merryday

98 JUL -8 PM 3: 35
DIVISION OF CORPORATION

900002583649-0
07/09/98-01003-002
****122.50 ****122.50

P. Hall JUL - 9 1998

**ARTICLES OF INCORPORATION
OF
NEUROLOGICAL ASSOCIATES OF NORTH FLORIDA, P.A.**

FILED
JUL -8 PM 4:02

The undersigned subscriber to these Articles of Incorporation, being a natural person competent to contract, hereby subscribes to and forms a *professional service corporation* for profit under the laws of the State of Florida.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the corporation is NEUROLOGICAL ASSOCIATES OF NORTH FLORIDA, P.A. The initial principal office of the corporation and its initial mailing address shall be: 205 Zeagler Drive, Suite 201, Palatka, Florida 32177

ARTICLE II

The corporation is organized solely for the purpose of conducting the practice of medicine and only through persons qualified to practice medicine in the State of Florida. Such persons shall conduct the practice of medicine in accordance with all rules and regulations governing the profession. The corporation may engage in any and all activity or business for which professional service corporations may be incorporated under the present laws of the State of Florida and such other activity or business for which professional service corporations may be incorporated under the future laws of the State of Florida.

ARTICLE III

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is Ten Thousand (10,000) shares of common stock, each share having a \$1.00 par value.

ARTICLE IV

All shareholders of the corporation shall be persons duly licensed to practice medicine in the State of Florida.

ARTICLE V

This corporation shall have perpetual existence.

ARTICLE VI

The name and mailing address of the Incorporator is:

Amit Das
205 Zeagler Drive, Suite 201
Palatka, Florida 32177

ARTICLE VII

The powers of the Incorporator shall terminate upon the filing of this certificate. The name and address of the first Stockholder, who will act as the Board of Directors, shall be One in number and shall be as follows:

Amit Das
205 Zeagler Drive, Suite 201
Palatka, Florida 32177

ARTICLE VIII

The business of the Corporation shall be managed by the Stockholders of the Corporation, who shall act as the Board of Directors. New Stockholders shall automatically become entitled to act as members of the Board Of Directors, upon their names, as stockholders, being duly entered upon the Corporate books.

ARTICLE IX

The corporation reserves the right to amend, alter or repeal any provision contained in this Certificate of Incorporation in the manner now or hereafter prescribed by the Statutes of Florida, and all rights and powers conferred on Directors and Stockholders herein granted are subject to this reservation. A majority vote of all stockholders present and entitled to vote at a duly constituted meeting called for that purpose shall be necessary to amend these Articles of Incorporation.

ARTICLE X

All shareholders shall have preemptive rights to subscribe to any shares of stock of any kind to be issued in the future.

ARTICLE XI

The private property of the Stockholders of the corporation shall not be subject to the payment of corporate debts.

ARTICLE XII

No person shall be liable to the corporation for any loss or damage suffered by it on account of any action taken or omitted to be taken by him as a director or officer of the corporation in good faith, if such person (i) exercised or used the same degree of diligence, care and skill as an ordinarily prudent man would have exercised or (ii) took, or omitted to take, such action in reliance upon advise of counsel for the corporation, or upon statements

made or which he had reasonable grounds to believe to be true because they were made by officers or employees of the corporation, or were based upon a financial statement of the corporation prepared by an officer or employee of the corporation in charge of its accounts, a certified public accountant or a firm of certified public accountants.

ARTICLE XIII

The corporation may indemnify every person, his heirs, executors and administrators, against any and all judgments, fines, amounts in settlement and reasonable expenses, including attorney's fees, incurred by him in connection with any claim, action, suit or proceeding (whether actual or threatened, brought by or in the right of the corporation or otherwise, (civil, criminal, administrative or investigative, including appeals), to which he may be or is made a party by reason of his being or having been a director or officer of the corporation or at its request, or any other corporation owned or controlled by this corporation.

IN WITNESS WHEREOF, the undersigned, for the purpose of forming a corporation under the laws of the State of Florida, does make, file and record this Certificate, and certifies that the facts herein stated are true.

Dated at Palatka, Florida, this ___ day of July, 1998.

Amit Das, no.

Amit Das
205 Zeagler Drive, Suite 201
Palatka, Florida 32177

STATE OF FLORIDA
COUNTY OF PUTNAM

The foregoing instrument was acknowledged before me July 3, 1998,
by: Amit Das, the subscriber of these Articles of Incorporation

Signature of Notary Public: *Lew Merryday*



LEW MERRYDAY
MY COMMISSION # CC463678 EXPIRES
June 26, 1999
BONDED THRU TROY FAIR INSURANCE, INC.

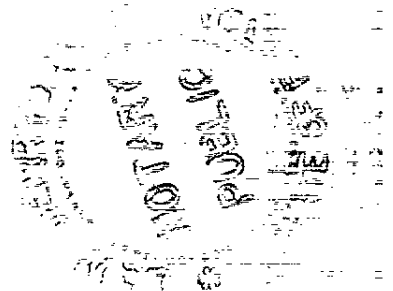
Print, Type or Stamp Commissioned Name: LEW MERRYDAY

Commission #: _____ Date Commission Expires: _____

(Check one) Personally known ___ or produced identification

Type of Identification Produced: PENNSYLVANIA DRIVER'S LICENSE : 24 972 095

(recommend driver's license, or other picture I.D.)(please include State of issuance, I.D. number or otherwise adequately describe identification produced)



NEUROLOGICAL ASSOCIATES OF NORTH FLORIDA, P.A.
DESIGNATION OF REGISTERED OFFICE
AND REGISTERED AGENT

FILED

98 JUL -8 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of F.S. 607.0501, 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.

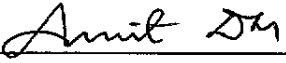
1. The name of the corporation is NEUROLOGICAL ASSOCIATES OF NORTH FLORIDA, P.A.

2. The name and address of the registered agent to accept service of process within the State of Florida is: Amit Das, 205 Zeagler Drive, Suite 201, Palatka, Florida 32177.

3. The address of the registered office is 205 Zeagler Drive, Suite 201, Palatka, Florida 32177 and the business address of the registered agent is 205 Zeagler Drive, Suite 201, Palatka, Florida 32177.

ACCEPTANCE

Having been named as registered agent and designated to accept service of process for the above corporation, 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.



Amit Das