

P98000068759

**CAPITAL CONNECTION, INC.**

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

Christopher S. Knop,  
M.D., P.A.

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-08/06/98--01037--009  
\*\*\*\*122.50 \*\*\*\*122.50

- ☒ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- ☒ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

DIVISION OF CORPORATION

98 AUG -6 AM 10:06

RECEIVED

9N 8-6-98

Signature \_\_\_\_\_

Requested by: Ches

Name \_\_\_\_\_

Date 8-6

Time 957

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF INCORPORATION**  
**OF**  
**CHRISTOPHER S. KNOP, M.D., P.A.**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **CHRISTOPHER S. KNOP, M.D., P.A.**  
The purpose of the corporation is to practice medicine, specifically anesthesiology.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 3309 S.W. 34th Circle, Suite 101, Ocala, FL 34474.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is Christopher S. Knop, M.D., 3309 S.W. 34th Circle, Suite 101, Ocala, FL 34474.

#### **ARTICLE V: INCORPORATOR**

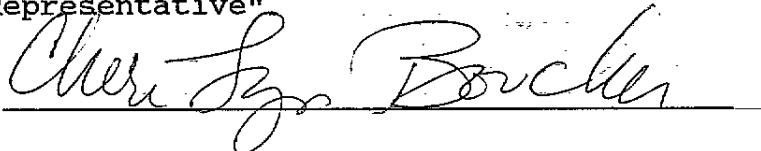
The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The name and address of the initial Board of Directors of the corporation is Christopher S. Knop, M.D., 3240 S.W. 34th Street, Apt. 122, Ocala, FL 34474.

The undersigned has executed these Articles of Incorporation this 6th day of August, 1998.

"Capital Connection, Inc. by Cheri Lyn Boucher, Client Representative"

A handwritten signature in cursive script, reading "Cheri Lyn Boucher", is written over a horizontal line.

## CERTIFICATE OF DESIGNATION

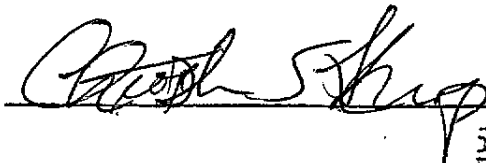
## REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: CHRISTOPHER S. KNOP, M.D., P.A.

2. The name and street address of the registered agent and office is: CHRISTOPHER S. KNOP  
3309 SW. 34<sup>th</sup> CIRCL, SUITE 101  
OCALA, FL. 34474

HAVE 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.



**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA