

98 DEC 11 PM 1:45

TRANSMITTAL LETTER

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

	de Naples Obstetrics sed corporate name - mo	s & Gynecology, P.A. ust include suffix)	
Enclosed is an original a	and one (1) copy of	the articles of incorpo	
\$70.00	\$78.75	\$122,50	\$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
J	& Certificate	& Certified Copy	Certified Copy
			& Certificate
Additional Copy Required		py Required	

FROM: Wallace McLean, M.D.

Name (printed or typed)

775 1st Avenue North

Address

Naples, Florida 34102

City, State & Zip

(941) 262-3399

Daytime Telephone Number

DATE

DEC. \*\*ANA

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

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### ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida (I) A Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

Olde Naples Obstetrics & Gynecology, P.A.

#### ARTICLE II PRINCIPAL OFFICE

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

775 1<sup>st</sup> Avenue North Naples, Florida 34102

#### ARTICLE III SHARES

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

100 Shares @ \$1/share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Wallace McLean, M.D. 775 1<sup>st</sup> Avenue North Naples, Florida 34102

## ARTICLE V INCORPORATOR(S)

## See instructions for officers/directors

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

Wallace McLean, M.D. 775 1st Avenue North Naples, Florida 34102

ARTICLE VI PURPOSE

The specific purpose is the practice of medicine.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this	•	
(An additional article must be added if an effective date is requested.)		
Signature	[	F 27 %
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Signature	.	is week

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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# CERTIFICATE OF DESIGNATION OF 98 DEC 11 PM 1: 45 REGISTERED AGENT/REGISTERED OFFICE 17 DV 05 STATE

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: Olde Naples Obstetrics & Gynecology, P.A.
2.	The name and address of the registered agent and office is:
	Wallace McLean, M.D. (Name)
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Naples, Florida 34102 (City/State/Zip)

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) (Date)