

798000105039

TRANSMITTAL LETTER

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

800002714938-6  
-12/17/98--01101--003  
\*\*\*\*122.50 \*\*\*\*\*78.75

SUBJECT: Stephanie Muff M.D., Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Robert M. Rosen, CPA  
Name (Printed or typed)  
2137 63rd Ave. East  
Address  
Bradenton, FL 34203  
City, State & Zip  
941-755-8500  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 17 AM 9:15

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

R. Purinton DEC 18 1998

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Stephanie Muff M.D., Inc.

### ARTICLE II PRINCIPAL OFFICE

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

c/o Robert M. Rosen, CPA  
2137 63rd Ave. East  
Bradenton, FL 34203

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### ARTICLE III SHARES

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

(1000) One Thousand Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Stephanie Muff M.D.  
9111 68th Ave. East  
Bradenton, FL 34202

**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):

Stephanie Muff M.D.  
9111 68th Ave. East  
Bradenton, FL 34202

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14 day of December, 1998.

(An additional article must be added if an effective date is requested.)

+ Stephanie Muff MD  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

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

**CERTIFICATE OF DESIGNATION OF  
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 Stephanie Muff M.D., Inc.

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

Stephanie Muff M.D.  
(NAME)

9111 68th Ave. East  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Bradenton, FL 34202  
(CITY/STATE/ZIP)

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*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.*

+ Stephanie Muff MD  
(SIGNATURE)

12/14/98  
(DATE)