

P09000005813

Rogers Taners

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Medical Specialists (Neurology) of St. Augustine, P.A.
(Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #) 700002748627--6
-01/21/99--01002--003

3. _____ (Corporation Name) (Document #) *****210.00 *****70.00

4. _____ (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Service

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 JAN 20 PM 2:51

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JAN 20 PM 4:07

FILED

T. SMITH JAN 20 1999

Examiner's Initials

**ARTICLES OF INCORPORATION
OF
MEDICAL SPECIALISTS(NEPHROLOGY) OF ST. AUGUSTINE, P.A.**

ARTICLE I

Name

The name of this professional corporation is:

Medical Specialists(Nephrology) of St. Augustine, P.A.

ARTICLE II

Purpose

The general nature of the business or businesses to be transacted is to do all and everything necessary and proper for the practice of nephrological medicine and the accomplishment of the objects necessary or incidental to the benefit and protection of the professional corporation, and to transact any lawful business and to exercise all powers granted to professional corporations by the laws of the State of Florida.

ARTICLE III

Stock

The maximum number of shares with par value that this corporation is authorized to have outstanding at any one time is One Hundred Thousand (100,000) shares of the par value of One Cent (\$.01) each.

ARTICLE IV

Perpetual Existence

This professional corporation is to have perpetual existence.

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99 JAN 20 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

Principal Office; Mailing Address

The principal office and mailing address of this professional corporation will be at 240 Southpark Circle East, St. Augustine, Florida 32086 or such other address as the Board of Directors may from time-to-time designate.

ARTICLE VI

Directors

The number of its directors shall not be less than one (1) but may be such greater number as may be elected by the stockholders from time to time.

The names and addresses of the members of the first board of directors, who shall hold office for the first year of the existence of the corporation or until their successors are elected or appointed are:

<u>NAME</u>	<u>ADDRESS</u>
S. S. Marathe, M.D.	240 Southpark Circle East St. Augustine, Florida 32086

ARTICLE VII

Incorporator

The name and address of the sole incorporator of the professional corporation is as follows:

<u>NAME</u>	<u>ADDRESS</u>
Stevan M. Jones, Esq.	1300 Riverplace Blvd., Suite 1500 Jacksonville, Florida 32207

ARTICLE VIII

Registered Agent

The name of the initial registered agent of this corporation and the street address of the initial registered office of this corporation is

NAME

Sharon Koufas

ADDRESS

240 Southpark Circle East
St. Augustine, Florida 32086

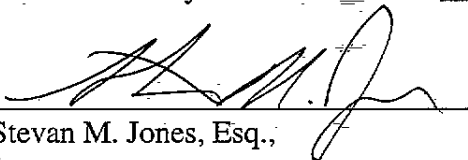
ARTICLE IX

Amendment

This professional corporation reserves the right to amend, alter, change or repeal any provision contained in its articles of incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.

I, THE UNDERSIGNED, being the sole original incorporator hereinbefore named for the purpose of forming a professional corporation to do business both within and without the State of Florida, do make, subscribe, acknowledge, and file these articles, hereby declaring and certifying that the facts herein stated are true, and accordingly have hereunto set my hand and seal this 15 day of ~~December, 1998.~~

January, 1999.


Stevan M. Jones, Esq.,
Incorporator

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned professional 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:

Medical Specialists(Nephrology) of St. Augustine, P.A.

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

Sharon Koufas
240 Southpark Circle East
St. Augustine, Florida 32086

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:

Sharon Koufas
Sharon Koufas

DATE:

1-14-99