

D99000011701

Rogers, Towers, Et al - Mary Rose
Requestor's Name

106 S. Monroe Street
Address

Tallahassee, Florida 32301
City/State/Zip Phone #

222-7200

Office Use Only

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

1. Clinic for Infectious Diseases, P.A.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☒ Walk in

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☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" 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

*Please return a
filed, stamped copy
Thanks*

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

DIVISION OF CORPORATION

99 FEB -5 AM 11:53

**ARTICLES OF INCORPORATION
OF
CLINIC FOR INFECTIOUS DISEASES, P.A.**

ARTICLE I

Name

The name of this professional corporation is:

Clinic for Infectious Diseases, 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 medical practice of treating infectious diseases 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 (\$0.01) each.

ARTICLE IV

Perpetual Existence

This professional corporation is to have perpetual existence.

ARTICLE V

Principal Office; Mailing Address

The principal office and mailing address of this professional corporation will be at 1842 Hickman Road, Suite A, Jacksonville, Florida 32216 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>
Earl H. Eye, Jr., M.D.	1842 Hickman Road, Suite A Jacksonville, Florida 32216
Wendell H. Williams, Jr., M.D.	1842 Hickman Road, Suite A Jacksonville, Florida 32216
P. Andrew Coley, Jr., M.D.	1842 Hickman Road, Suite A Jacksonville, Florida 32216
Dinesh D. Patel, M.D.	1842 Hickman Road, Suite A Jacksonville, Florida 32216
George A. Schoonover, M.D.	1842 Hickman Road, Suite A Jacksonville, Florida 32216

ARTICLE VII

Incorporator

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

NAME

ADDRESS

Wendell H. Williams, Jr., M.D.

1842 Hickman Road, Suite A
Jacksonville, Florida 32216

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

ADDRESS

Wendell H. Williams, Jr., M.D.

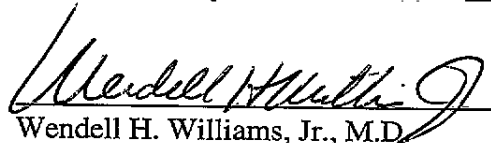
1842 Hickman Road, Suite A
Jacksonville, Florida 32216

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 21st day of January, 1998.



Wendell H. Williams, Jr., M.D.
Incorporator

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

Pursuant to the provisions of section 607.0501, Florida Statutes, the below named 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:

Clinic for Infectious Diseases, P.A.

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

Wendell H. Williams, Jr., M.D.

1842 Hickman Road

Jacksonville, Florida 32216

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:


Wendell H. Williams, Jr., M.D.

DATE:

January 21, 1999