

P99000037891

CAPITAL CONNECTION, INC.

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

Thomas G.S. Fiala, MD,
Q.A.

100002830461-5
-04/06/99-01014-027
*****70.00 *****70.00

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99 APR -6 AM 10:09

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

✓ 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 _____
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UCC 11 Search _____
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R. Purinton APR 27 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 6, 1999

CAPITAL CONNECTION, INC.
417 E. VIRGINIA AVE, STE. 1
TALLAHASSEE, FL 32302

SUBJECT: THOMAS G.S. FIALA MD, P.A.
Ref. Number: W99000008184

We have received your document for THOMAS G.S. FIALA MD, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

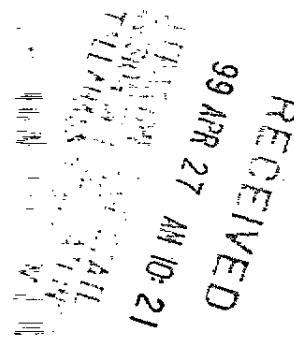
Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6924.

Sharon Davis
Document Specialist Supervisor

Letter Number: 999A00017320

Corrected
(Note: RIA signature
is on original last)
bottoms page
thanks



ARTICLES OF INCORPORATION

OF

THOMAS G.S. FIALA, MD, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE I - NAME OF CORPORATION

The name of the corporation is THOMAS G.S. FIALA, MD, P.A.

ARTICLE II - DURATION OF EXISTENCE

The period of its duration is perpetual.

ARTICLE III - COMMENCEMENT OF CORPORATE EXISTENCE

The commencement of corporate existence shall be at 9:00 a.m. on March 29, 1999.

ARTICLE IV - GENERAL PURPOSES

The purpose of the Professional Association is to engage in the practice of medicine under both, the laws of the United States of America and the State of Florida.

ARTICLE V - CAPITAL STOCK

The corporation shall have authority to issue one hundred shares, all of the one class, with no par value. The corporation shall not issue preferred shares of more than one class. There are no pre-emptive rights to be granted to shareholders.

ARTICLE VI - REGISTERED OFFICE AND AGENT

The address of the initial registered office is Suite 365 Phillips Place, 7575 Dr. Phillips Boulevard, Orlando, Florida 32819; and the name of the initial registered agent at said office is Robert J. Wheelock.

ARTICLE VII - BOARD OF DIRECTORS

The number of directors constituting the initial Board of Directors of the corporation is one, whose name and address is:

Thomas Fiala
436 Water Street
Celebration, Florida 34747

ARTICLE VIII - PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address for THOMAS G.S. FIALA, MD, P.A. is:

Thomas G. S. Fiala, M.D., P.A.
436 Water Street
Celebration, Florida 34747

DATED: 3/27/99


ROBERT J. WHEELOCK
Suite 365 Phillips Place
7575 Dr. Phillips Boulevard
Orlando, Florida 32819
INCORPORATOR

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST: THAT THOMAS G.S. FIALA, MD, P.A., DESIRING TO
ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA HAS
NAMED ROBERT J. WHEELOCK, LOCATED AT SUITE 365 PHILLIPS
PLACE, 7575 DR. PHILLIPS BOULEVARD, ORLANDO, FLORIDA 32819, AS
ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE: Thomas Fiala

TITLE: PRESIDENT

DATE: April 21/99

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE: [Signature]

DATE: 4/21/99

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FLORIDA
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