TRANSMITTAL LETTER

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

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SUBJECT: Bon	iFay Family Proposed corp	sactice Inc	99 SECU
	(Proposed corp	orate name /must include suf	<u> </u>
			15 PM 12: 08 ARY OF STATE ASSEE, FLORIDA
			PM IZ
Enclosed is an original a	and one(1) copy of the article	les of incorporation and a d	cneck for : D
2 \$70.00	\$78.75	□\$122.50	□ \$131.25 ⁻
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate	& Certified Copy	Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Robert A.	Ruth, M.D	
	name (rimed or typoxy	
310-CE Byrcl Aue Address			
	Bonifay F	/ <u>32425</u> y, State & Zip	·
(850) 547-4555 Daytime Telephone number			
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

ARTICLE I NAME

The name of the corporation shall be: Bonifay Family Practice Inc.



ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 310- C East Byrd Ave., Bonifay, Florida 32425

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 1,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and Florida street address of the initial registered agent are: Robert A. Ruth Rt. 4 Box 439. Bonifay, FL 32425

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Robert A. Ruth, Route 4, Box 439, Bonifay, Florida 32425

Signature of Incorporator

Date

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 of Registered Agent

Date