

LAW OFFICE OF BRUCE HOFFMAN

16 South Main Street

Gainesville, Florida 32601

(352) 373-2411

July 16, 1999

P991000066528

Secretary of State
Division of Corporations
PO Box 6237
Tallahassee, Florida 32314

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-07/20/99--01040--005
****122.50 ****78.75

Re: Family Medicine, P.A.

My File: 99-1242

Dear Sir:

I have enclosed an original and one copy of the articles of incorporation of the above named corporation, plus a check in the amount of \$122.50 for the following fees:

Filing Fee.....	\$	35.00
Certified Copy of Articles.....		52.50
Registered Agent Fee.....		35.00
Total	\$	122.50

Please file the original of the Articles of Incorporation for the above-named corporation and return the certified copy to this office.

Very truly yours,



Bruce E. Hoffman

ar/BEH
Encl.

99 JUL 20 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TS 7/27/99

ARTICLES OF INCORPORATION

FAMILY MEDICINE, P.A.

The undersigned, acting as Incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such corporation:

1. **NAME.** The Name of the corporation is FAMILY MEDICINE, P.A.
2. **ADDRESS.** The initial address of the principal office, business office and mailing address of the corporation is:
2121 NW 77 Street, Gainesville, Florida 32605.
3. **DURATION.** The corporation's duration is perpetual.
4. **PURPOSE.** The purpose is to engage in the licensed practice of medicine in the state of Florida as permitted under the laws of the United States and Florida, and specifically as limited by Florida Statutes Chapter 621, as a professional service corporation.
5. **CAPITAL STOCK.** The corporation is authorized to issue 7,500 shares, all in one class, at \$1.00 par value; however, the Board of Directors shall have the authority to provide that certain shares be issued which have no voting rights.
 - (A) Limit on ownership of shares. Only other professional service corporations, professional limited liability companies, or individuals who themselves are duly licensed to practice medicine in the State of Florida shall own stock in this corporation.
 - (B) No shareholder may enter into a voting trust agreement or any other type agreement vesting another person with the authority to exercise the voting power of any or all of the shareholder's stock.
6. **INITIAL REGISTERED OFFICE AND AGENT.** The name and street address of the initial registered office and registered agent of this corporation is as follows:

MAY E. MONTRICHARD, M.D.
2121 N. W. 77 Street
Gainesville, Florida 32605

7. **INITIAL BOARD OF DIRECTORS.** This corporation shall have one director initially. The number of directors may either be increased or decreased from time to time by an amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one.

The name and address of the initial director of this corporation is:

NAME

ADDRESS

MAY E. MONTRICHARD, M.D.

2121 NW 77 Street,
Gainesville, Florida 32605

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TALLAHASSEE, FLORIDA

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8. **INCORPORATOR.** The name and address of the Incorporator signing these Articles of Incorporation is:

NAME ADDRESS
MAY E. MONTRICHARD, M.D. 2121 N.W. 77 Street
Gainesville, Florida 32605

9. **AMENDMENT OF ARTICLES.** This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation, subject to the limitations of Florida Law.

10. **SHAREHOLDER'S PREEMPTIVE RIGHTS.** The shareholders of the corporation have a preemptive right, granted on uniform terms and conditions prescribed by the board of directors, to provide a fair and reasonable opportunity to exercise the right to acquire proportional amounts of the corporation's unissued shares upon the decision of the board of directors to issue them.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 16 day of July, 1999.

MAY E. MONTRICHARD M.D.
Incorporator

I am familiar with and hereby accept the duties and responsibilities as registered agent for this corporation.

MAY E. MONTRICHARD M.D.
Registered Agent

**STATE OF FLORIDA
COUNTY OF ALACHUA**

BEFORE ME, personally appeared MAY E. MONTRICHARD, M.D., who is ☒ personally known to me or [] who produced Florida Driver's license as identification, who executed the foregoing Articles of Incorporation, and acknowledged to and before me that he executed such instrument this 16 day of July, 1999.
NOTARY PUBLIC

Bruce E. Hoffman
My Commission Expires:



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA