

FROM : MIKEFITZ

FAX NO. : 684 1367

Jul. 19 1999 12:53PM P2

**P99000072116**  
**TRANSMITTAL LETTER**

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

200002940812--5  
-07/26/99-01048-002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT SLEEP DISORDER CLINIC PA;  
(Proposed corporate name-must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<u>    </u> \$70.00	<u>    </u> \$78.75	<u>    </u> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate
			of Status

**ADDITIONAL COPY  
REQUIRED**

FROM:

M. RAMPERTAAR, M.D.

NAME (Printed or typed)

203 THIRD AVE EAST

ADDRESS

BRADENTON FL 34208

CITY, STATE & ZIP

941-741-8633

DAYTIME TELEPHONE NUMBER

FILED  
99 AUG 12 PM 5:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

W99-1782D

C. GALLMON-CASE AUG 12 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 2, 1999

MOONASAR P. RAMPERTAAP, M.D.  
203 THIRD AVE. EAST  
BRADENTON, FL 34208

SUBJECT: SLEEP DISORDER CLINIC P.A.  
Ref. Number: W99000017820

We have received your document for SLEEP DISORDER CLINIC P.A. and your check(s) totaling \$87.50. 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.

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) 487-6926.

Cheryl Gallmon-Case  
Document Specialist

Letter Number: 799A00039076

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 AUG 12 PM 5:50

FILED

ARTICLES OF INCORPORATIONOFSLEEP DISORDER CLINIC P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

The Specific nature of Sleep Disorder Clinic P.A. will be to Medically diagnose Sleep Disorders utilizing Medical Doctor & Specific Sleep study equipment.

ARTICLE I NAME

The name of the corporation shall be:

SLEEP DISORDER CLINIC P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

203 THIRD AVE EAST  
BRADENTON FL 34208

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MOONASAR P. RAMPERTAAD, M.D.  
203 THIRD AVE. EAST  
BRADENTON. FL 34208

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MOONASAR P. SAMPERTAP, M.D.  
203 THIRD AVE EAST  
BRADENTON - FL 34208

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day day of July, 19 1997.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation

Filing Fee - \$35

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

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned 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: SLEEP DISORDER CLINIC RA.

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

MOONASAR P. RAMDERTAP

(NAME)

203 THIRD AVE. EAST.

(P.O. BOX NOT ACCEPTABLE)

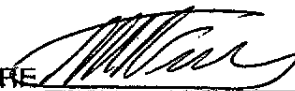
BRADENDON FL 34208

(CITY/STATE/ZIP)

FILED  
99 AUG 12 PM 5:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



DATE

7/23/99