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

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## ARTICLES OF INCORPORATION

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TALLAHASSEE. FLORIDA

# AMERICAN SLEEP DISORDERS CENTER, INC.

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

#### ARTICLE I - NAME

The name of the corporation shall be:

American Sleep Disorders Center, Inc.

# ARTICLE II - PRINCIPAL OFFICE & MAILING ADDRESS

The principal place of business for this corporation shall be:

208 Mary Esther Blvd.
Suite 4
Mary Esther, Florida 32569

The mailing address of this corporation shall be:

151 Calhoun Ave. Suite 609 Destin, Florida 32541

#### ARTICLE III - CAPITAL STOCK

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

10,000

# ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Robert E. McGill, III, P.A. 36008 Emerald Coast Parkway Suite 301 Destin, Florida 32541

## ARTICLE V - INCORPORATOR

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

Daphne N. Wiggins
36008 Emerald Coast Parkway
Suite 301
Destin, Florida 32541

Incorporator

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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LAFFARY OF SCREEN Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the laws of the of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

- The name of the corporation is American Sleep Disorders Center, Inc.
- The name and address of the registered agent and office is Robert E. McGill, III, P.A., 36008 Emerald Coast Parkway, Suite 301, Destin, Florida 32541.

SIGNATURE

TITLE

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

Robert/E. McGill. President