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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Central Florida Cardiology Associates PA

- ☐ Walk In
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- ☐ Will Wait
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- ☐ Certificate of Good Standing
- ☐ ARTICLES ONLY
- ☐ ALL CHARTER DOCS

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

- ☐ Certificate of Fictitious Name
- ☐ FICTITIOUS NAME SEARCH
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DIVISION OF CORPORATIONS

Ordered By: \_\_\_\_\_

Date: \_\_\_\_\_

*Handwritten signature*

**ARTICLES OF INCORPORATION**  
**OF**  
**CENTRAL FLORIDA CARDIOLOGY ASSOCIATES, P.A.**

The undersigned, duly licensed to practice medicine in the State of Florida, desires to form a Professional Corporation for the purposes set forth below and adopts the following Articles of Incorporation for such corporation:

**I.**

The name of the corporation shall be:

**CENTRAL FLORIDA CARDIOLOGY ASSOCIATES, P.A.**

**II.**

The purpose for which the corporation is formed is to engage in the practice of cardiology and general medicine and the corporation shall have all of the powers set forth in Chapter 607, Florida Statutes subject to the limitations as set forth in Chapter 621, Florida Statutes (1998), as they may be amended.

**III.**

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

**IV.**

The corporation's principal office and its registered office shall be:

**307 SW 14 Street  
Ocala, FL 34474**

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and the name of its initial Registered Agent at such address shall be:

**RAMULU ELIGETI, M.D.**

**V.**

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

**VI.**

The name and address of the incorporator is:

**RAMULU ELIGETI, M. D.  
307 SW 14 Street  
Ocala, FL 34474**

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this 23 day of September, 1999.

  
\_\_\_\_\_  
RAMULU ELIGETI, M.D.

STATE OF FLORIDA  
COUNTY OF MARION

BEFORE ME, a Notary Public this day personally appeared RAMULU ELIGETI, M. D. ( ) who is personally known to me or produced \_\_\_\_\_ as identification who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.


WITNESS my hand and official seal at Ocala, Marion County, Florida, this 23<sup>rd</sup> day  
of September, 1999.

**SHEILA P. ARNOLD**  
Notary Public, State of Florida  
My comm. expires Sept. 9, 2001  
Comm. No. CC649671

  
\_\_\_\_\_  
Notary Public, State of Florida

My commission expires:

Having been named Registered Agent of CENTRAL FLORIDA CARDIOLOGY  
ASSOCIATES, P.A., I hereby accept said office and agree to comply with the provisions of  
Chapter 607, Florida Statutes as same pertain to the office of Registered Agent.

  
\_\_\_\_\_  
RAMULU ELIGETI, M. D.  
Registered Agent

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