

P99000110070

TRANSMITTAL LETTER

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

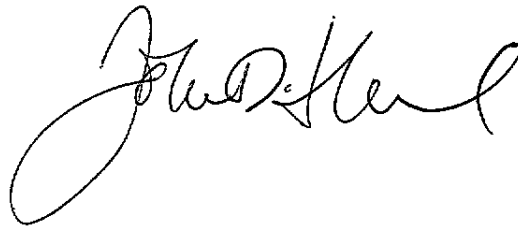
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***122.50 ***78.75

SUBJECT: JOHN D. HAND, MD, PA

Enclosed is the original and one (1) copy of the Articles of Incorporation and a check for: **\$122.50**

(941) 342-6404

From: JOHN D. HAND, MD, PA



STATE
DIVISION OF
TALLAHASSEE, FLORIDA

99 DEC 22 AM 9:07

FILED

W-26644

ajc 11/5



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 18, 1999

JOHN D. HAND, MD, PA
5741 BEE RIDGE RD., STE. 240
SARASOTA, FL 34233

SUBJECT: JOHN D. HAND, MD, PA
Ref. Number: W99000026644

We have received your document for JOHN D. HAND, MD, PA and your check(s) totaling \$122.50. 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) 487-6878.

Alan Crum
Document Specialist

Letter Number: 999A00055502

ARTICLES OF INCORPORATION
OF

JOHN D. HAND, MD, PA

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

ARTICLE I: NAME

The name of the corporation shall be:

JOHN D. HAND, MD, PA

ARTICLE II: PRINCIPAL OFFICE

The principal place of business shall be:

**5741 BEE RIDGE ROAD, STE. 240
SARASOTA, FL 34233**

The mailing address of this corporation shall be:

**5741 BEE RIDGE ROAD, STE. 240
SARASOTA, FL 34233**

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:

**JOHN D. HAND, MD, PA
5741 BEE RIDGE ROAD, STE. 240
SARASOTA, FL 34233**

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TALLAHASSEE, FLORIDA

ARTICLE V: INCORPORATION (S)

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

**JOHN D. HAND, MD, PA
5741 BEE RIDGE ROAD, STE. 240
SARASOTA, FL 34233**

ARTICLE VI: PURPOSE

The specific nature of the business is:

ORTHOPAEDIC MEDICAL PRACTICE

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAW 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:

JOHN D. HAND, MD, PA

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

**JOHN D. HAND, MD, PA
5741 BEE RIDGE ROAD, STE. 240
SARASOTA, FL 34233**

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.



JOHN D. HAND, MD, PA

11/16/99

DATE

The undersigned incorporator has executed these Articles of Incorporation this 16 day of Nov, 1999.



JOHN D. HAND, MD, PA

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA