

P99000111801

George L. Rada, M.D.
1608 West Oak Avenue
Plant City, Florida 33567
(813) 752-6964

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

December 10, 1999
400003073104--2
-12/16/99--01081--007
*****78.75 *****78.75

RE: GEORGE L. RADA, M.D., P.A.

Dear Sir or Madam,

Enclosed please find the original and one copy of the articles of incorporation for my corporation GEORGE L. RADA, M.D., P.A. .

Also enclosed is my check for \$ 78.75 for a filing fee and a certified copy of the articles.

Additionally, I request that my corporation have a starting date of January 1st 2000.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

✓
George L. Rada, MD

EFFECTIVE DATE
1-1-00

FILED
99 DEC 30 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Encl.

~~W99-28927~~
T BROWN DEC 30 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 20, 1999

GEORGE L. RADA, M.D.
1608 W. OAK AVENUE
PLANT CITY, FL 33567

SUBJECT: GEORGE L. RADA, M.D., P.A.
Ref. Number: W99000028927

We have received your document for GEORGE L. RADA, M.D., P.A. and your check(s) totaling \$78.75. 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) 487-6933.

Teresa Brown
Corporate Specialist

Letter Number: 099A00059456

EFFECTIVE DATE

1-1-00

FILED
99 DEC 30 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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.

ARTICLE I NAME

The name of the corporation shall be:

GEORGE L. RADA, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

1608 WEST OAK AVENUE
PLANT CITY, FLORIDA 33567

ARTICLE III SHARES

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

100 SHARES OF \$1.00 PAR VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GEORGE L. RADA, M.D.
1608 WEST OAK AVENUE
PLANT CITY, FLORIDA 33567

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

GEORGE L. RADA, M.D.
1608 WEST OAK AVENUE
PLANT CITY, FLORIDA 33567

ARTICLE VI EFFECTIVE DATE
THE EFFECTIVE DATE OF THIS CORPORATION
SHALL BE JANUARY 1st, 2000

ARTICLE VII PURPOSE
THE PURPOSE FOR WHICH THE CORPORATION IS
ORGANIZED IS THE PRACTICE OF MEDICINE.

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

10 TH day of DECEMBER, 19 99

✓ 

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: GEORGE L. RADA, M.D., P.A.

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

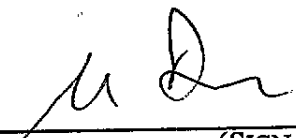
GEORGE L. RADA, M.D.
(NAME)

1608 WEST OAK AVENUE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

PLANT CITY, FLORIDA 33567
(CITY/STATE/ZIP)

FILED
99 DEC 30 AM 11:00
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)

12/10/99
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314