

TRANSMITTAL LETTER

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

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-08/28/00--01062--020
*****78.75 *****78.75

SUBJECT: JAMES N. LUCKETT JR MD + ASSOCIATES INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JOSEPH F. LAROSA JR.
Name (Printed or typed)

1600 S. Federal Hwy ste 640
Address

Pompano Beach FL 33062
City, State & Zip

(asu) 788-9773
Daytime Telephone number

Maria GAVE
AUTHORIZATION BY PHONE TO
CORRECT ending OK to Use Inc.
DATE 9-5
DOJ. EXAM J. Brizer

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

Called 8-31
ansel 9-5

FILED
00 AUG 31 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

James N. Lockett, Jr MD + Associates Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1600 S. Federal Hwy. Suite 640
Pompano Beach, FL 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTHCARE

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

James N. Lockett, M.D. DON. D. FISHER, D.O.
Peter Engel Rask, D.O. (1600 S. Federal Hwy., Pompano Beach, FL 33062)

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARIA ROSARIO
430 N. E. 1st St
Boca, FL 33323

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James N. Lockett, M.D.
1600 S. Federal Hwy. Suite 640
Pompano Beach, FL 33062

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

M. Rosario
Signature/Registered Agent

8/17/00
Date

J. Lockett MD
Signature/Incorporator

8/24/00
Date

FILED
00 AUG 31 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA