

TRANSMITTAL LETTER

PO1000030399

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

SUBJECT: BAYSIDE GYNECOLOGY ASSOCIATES, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900003890299--6
-03/21/01-01049--017
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the

\$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: MICHAEL J. WOLPMAN, M.D.
Name (Printed or typed)

421 MATTHEW DRIVE
Address

VENICE FL 34285
City, State & Zip

941/484-1919
Daytime Telephone number

FILED
01 MAR 21 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch MAR 26 2001

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:

BAYSIDE GYNECOLOGY ASSOCIATES, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

900 S. TAMiami TRAIL, SUITE 200
VENICE, FL 34285

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

MICHAEL J. WOLPMAN, M.D.
421 MATTON DRIVE
VENICE, FL 34285

ARTICLE VI REGISTERED AGENT

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

MICHAEL J. WOLPMAN, M.D.
421 MATTON DRIVE
VENICE, FL 34285

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL J. WOLPMAN, M.D.
421 MATTON DRIVE
VENICE, FL 34285

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

Signature/Registered Agent

Date

3-15-01

Signature/Incorporator

Date

3-15-01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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