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FLORIDA PROFIT CORPORATION OR P.A.

Mark W. Gocke, MD P. A.

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 23, 2001

WALLACE BAUMAN LEGON

SUBJECT: MARK W. GOCKE, MD P.A.
REF: W01000024516

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the corporation's principal office and/or a mailing address in the document.

The registered agent and street address must be consistent wherever it appears in your document.

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**ARTICLES OF INCORPORATION
OF**

MARK W. GOCKE, MD, P. A.

The undersigned does hereby execute, acknowledge and file the following Articles of Incorporation for the purpose of creating a corporation under the laws of the State of Florida for the formation of a professional service corporation under the Professional Service Corporation Act and other laws of the State of Florida.

**ARTICLE I
NAME**

The name of the Corporation is:

MARK W. GOCKE, MD, P. A.

**ARTICLE II
PURPOSE**

The Corporation is formed for the purpose of rendering professional services in the practice of medicine. All professional services shall be rendered only through those officers, employees and agents of the corporation who are duly licensed or otherwise legally authorized to render such professional services within the State of Florida. However, the Corporation may, in addition, invest its funds in real estate, mortgages, stocks, bonds or any other type of investment, and may own real and personal property necessary for the rendering of professional services in the practice of medicine.

**ARTICLE III
CAPITAL STOCK**

The maximum number of shares of stock that the Corporation is authorized to have outstanding at any time is 1,000 shares of common stock having a par value of \$.01 per share

None of the shares of the Corporation may be issued to anyone other than a professional service corporation, a professional limited liability company or an individual who is duly licensed or otherwise legally authorized to render professional services in the practice of medicine in the State of Florida.

**ARTICLE IV
TERM OF EXISTENCE**

The Corporation shall have perpetual existence commencing on the date the Articles of Incorporation are filed with the Florida Secretary of State.

**ARTICLE V
PRINCIPAL OFFICE**

The street address of the principal office and mailing address of the Corporation is:

210 Jupiter Lakes Blvd.
Building 4000, Suite 205A
Jupiter, Florida 33458

**ARTICLE VI
REGISTERED AGENT**

The street address of the registered office and name of the initial registered agent of the Corporation shall be:

BRYAN W. BAUMAN
1200 Brickell Avenue, Suite 1720
Miami, Florida 33131

**ARTICLE VIII
INITIAL DIRECTORS**

The Corporation shall have one director initially. Thereafter, the number of directors may be increased or decreased in the manner set forth in the By-Laws. The name and address of the initial director is as follows:

MARK W. GOCKE, MD
210 Jupiter Lakes Blvd.
Building 4000, Suite 205A
Jupiter, Florida 33458

**ARTICLE IX
INCORPORATOR**

The name and address of the Incorporator is:

Bryan W. Bauman, Esquire
1200 Brickell Avenue, Suite 1720
Miami, Florida 33131

**ARTICLE IX
RESTRAINT ON ALIENATION OF SHARES**

No shareholder of the Corporation may sell or transfer stock in the Corporation except to a person who is eligible to be a shareholder of the Corporation, and in compliance with any applicable provisions of the Corporation's by-laws or any shareholder agreement between and among the Corporation and its shareholders

IN WITNESS WHEREOF, these Articles of Incorporation have been signed by the undersigned Incorporator this 23rd day of October, 2001.


BRYAN W. BAUMAN (SEAL)

10/26/2001 13:52 FAX 3054449937

WALLACE BAUMAN

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CERTIFICATE OF REGISTERED AGENT

The undersigned, having been named as registered agent and to accept service of process for the above stated corporation at the place designated above, 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 am familiar with and accept the obligations of my position as registered agent as provided for in the Florida Statutes


_____(SEAL)
BRYAN W. BAUMAN, Registered Agent

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