

JAN. 13. 2003 11:46AM
Division of Corporations

ROGERS TOWERS

PO3000004482

NO. 1927 P. 1
Page 1 of 2
FILED

03 JAN 13 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000016903 4))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904) 398-3911
Fax Number : (904) 396-0663

FLORIDA PROFIT CORPORATION OR P.A.

Andrew I. Schare, M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

B1/14

H03000016903

**ARTICLES OF INCORPORATION
OF
ANDREW I. SCHARE, M.D., P.A.**

03 JAN 13 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
NAME**

The name of this professional corporation is Andrew I. Schare, M.D., P.A.

**ARTICLE II
PURPOSE**

The general nature of the business or businesses to be transacted is to do all and everything necessary and proper for the practice of medicine, and to transact any lawful business and to exercise all powers granted to professional corporations by the laws of the State of Florida.

**ARTICLE III
STOCK**

The maximum number of shares with par value that this professional corporation is authorized to have outstanding at any one time is One Thousand (1,000) shares of common stock, all of which shall be of the par value of \$.01 per share.

Ownership of stock in this professional corporation is limited to duly authorized physicians licensed to practice medicine in the State of Florida.

**ARTICLE IV
PERPETUAL EXISTENCE**

This professional corporation is to have perpetual existence.

**ARTICLE V
PRINCIPAL OFFICE; MAILING ADDRESS**

The principal office and mailing address of this professional corporation will be at St. Vincent's Medical Center, 1800 Barrs Street, Jacksonville, Florida 32204, or such other address as the Board of Directors may from time-to-time designate.

**ARTICLE VI
DIRECTORS**

The number of its directors shall not be less than one (1) but may be such greater number as may be elected by the shareholders from time to time.

H03000016903

H03000016903

The name and address of the member of the first board of directors, who shall hold office for the first year of the existence of the professional corporation or until his successor is elected or appointed is:

NAMEADDRESS

Andrew I. Schare, M.D.

1800 Barrs Street
Jacksonville, Florida 32204

**ARTICLE VII
INCORPORATOR**

The name and address of the sole incorporator of the professional corporation are as follows:

NAMEADDRESS

Andrew I. Schare, M.D.

1800 Barrs Street
Jacksonville, Florida 32204

**ARTICLE VIII
REGISTERED AGENT**

The name of the initial registered agent of this professional corporation and the street address of the initial registered office of this professional corporation are:

NAMEADDRESS

Andrew I. Schare, M.D.

1800 Barrs Street
Jacksonville, Florida 32204

**ARTICLE IX
AMENDMENT**

This professional corporation reserves the right to amend, alter, change or repeal any provision contained in its articles of incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon shareholders herein are granted subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 7th day of January, 2003.



Andrew I. Schare, M.D.
Incorporator

JAN. 13. 2003 11:47AM

ROGERS TOWERS

NO. 1927 P. 4

H03000016903

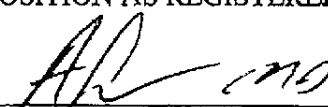
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the below named professional 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 professional corporation is Andrew I. Schare, M.D., P.A.
2. The name and address of the registered agent and office are:

Andrew I. Schare, M.D.
1800 Barrs Street
Jacksonville, Florida 32204

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL 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.



Andrew I. Schare, M.D.

DATE: 1/7/2003

FILED
03 JAN 13 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA