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SECRETARI OF STATE
TALLAHASSEE, FLORIDA

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

Coral Springs Ophthalmology Associates, P.A. Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check **70.00 ⊠** \$78.75 \$122.50 **131.25** Filing Fee Filing Fee Filing Fee Filing Fee, Certified Copy & Certified Copy Additional Copy Required Dr. Donald Woods Registered Agent Name (printed or typed) FROM: 7200 E. Cypress head Dr. Parkland FL 33067

City, State & Zip SDDDD1712629

(954) 752-6465 -02/12/96--01078--017

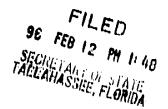
******78.75 ******78.75

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

articles.

Articles of Incorporation

Professional Association



1. The name of the corporation is:

Coral Springs Ophthalmology Associates, P. A.

- 2. The purpose for which this corporation is organized is to provide medical and surgical ophthalmic care by physicians duly licensed in the state of Florida.
- 3. The principal place of business and mailing address of the corporation is: 7886 W. Sample Rd., Coral Springs, FL 33065
- 4. The corporation shall have authority to issue 1,000 shares of common stock, in one class only, each with a par value of \$0.01.
- 5'. The registered agent of the corporation is Dr. Donald R. Woods and the registered address is 7200 E. Cypresshead Dr., Parkland, FL 33067.
- 5. The initial Board of Directors shall have one member whose name and address is as follows: Dr. Donald R. Woods, 7200 E. Cypresshead Dr., Parkland FL 33067 The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shalf in no case be less than one.
- 6. The incorporator of this corporation is Dr. Donald R. Woods whose address is 7200 E. Cypresshead Dr., Parkland, FL 33067.

Dated 2/7/96

Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 2/7/96

Registered Agent