

P96000032313
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 8327
Tallahassee, FL 32314

SUBJECT: Altamonte Springs Internal Medicine PA.
(Proposed corporate name - must include suffix)

300001754569
-03/22/96--01075--010
*****78.75 *****78.75

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

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: G. Narcie - Hazen M.D.
Name (printed or typed)

350 Naitland Ave.
Address

Altamonte Springs, FL 32746
City, State & Zip

(407) 332-0003
Daytime Telephone number

W96-6737

RECEIVED FLORIDA

MAR 12 AM 9:12

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 28, 1998

G. MARSIE-HAZEN
350 MAITLAND AVE.
ALTAMONTE SPRINGS, FL 32701

SUBJECT: ALTAMONTE SPRINGS INTERNAL MEDICINE PA
Ref. Number: W96000006737

We have received your document for ALTAMONTE SPRINGS INTERNAL MEDICINE PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED. -- please put "P.A." in the suffix field (A)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng
Document Specialist

Letter Number: 396A00014256

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Altamonte Springs Internal Medicine PA.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

350 Maitland Ave.

Altamonte Springs, FL 32701

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

G. Marsie-Hazen, M.D.

350 Maitland Ave.

Altamonte Springs, FL 32701

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

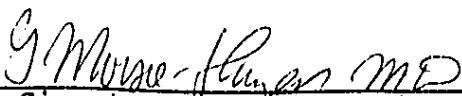
G. Marsie-Hazen, M.D.
350 Maitland Ave.
Altamonte Springs, FL 32701

ARTICLE VI

The specific nature of business of the Professional Association is as follows:

The Practice of Medicine.

The undersigned incorporator(s) has (have) executed these Article of Incorporation this 2nd day of April, 1996.



Signature of Incorporator
G. Marsie-Hazen, M.D.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED 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 corporation is: Allamonte Springs Inland Medicine PA.

2. The name and address of the registered agent and office is:

G. Maccie - Hazen M.D.
(NAME)

350 Naitland Ave.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Allamonte Springs, FL 32701
(CITY/STATE/ZIP)

FILED
TALLAHASSEE, FLORIDA
MAY 12 AM 9:12

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

G. Maccie Hazen M.D.
(SIGNATURE)

3/19/96
(DATE)