

P97000101593

Requestor's Name  
**PRIMARY CARE PHYSICIANS GROUP**  
**ROBERT SHAFFER, M.D.**  
**250 63 ST SUITE 9B**  
**MIAMI BEACH, FL 33141**

City/State/Zip Phone #

000002337930--8  
 -11/04/97--01075--011  
 \*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- Walk in     
  Pick up time \_\_\_\_\_     
  Certified Copy  
 Mail out     
  Will wait     
  Photocopy     
  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

FILED  
 97 DEC -2 AM 8:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Handwritten signature and date: 11/14/97*

Examiner's Initials



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

November 5, 1997

**PRIMARY CARE PHYSICIANS GROUP**  
**ROBERT SHAFFER, M.D.**  
**250 63 STREET, SUITE 9B**  
**MIAMI BEACH, FL 33141**

**SUBJECT: NULOGIX ENTERPRISES, INC.**  
**Ref. Number: W97000025130**

We have received your document for NULOGIX ENTERPRISES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the original and one copy of 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 (850) 487-6933.

Dana Calloway  
Document Specialist

Letter Number: 197A00053533

ARTICLES OF INCORPORATION  
OF  
NULOGIX ENTERPRISES, INC.

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is NULOGIX ENTERPRISES, INC. The principal address of this corporation is P.O. BOX 40-2062, MIAMI BEACH, FL 33140.

ARTICLE II - DURATION

This corporation shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 100 shares of \$1.00 par value common stock which shall be designated "Common Shares".

ARTICLE V - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 3564 MAGELLAN CR. UNIT #214, AVENTURA, FL 33180, and the name of the initial registered agent of this corporation at that address is ROBERT SHAFFER.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have (2) Director(s) constituting the initial Board of Directors. The number of Directors may be either increased or decreased from time to time by the By Laws. The name and address of the initial Board of Directors of this corporation is:

<u>NAME</u>	<u>ADDRESS</u>
Robert Shaffer, President	3564 Magellan Cr. Unit #214 Aventura, FL 33180
Gary Merlino, V. President	18735 N.E. 21 Avenue North Miami Bch., FL 33160

ARTICLE VIII - INCORPORATORS

The name and address of each person signing these Articles is:

<u>NAME</u>	<u>ADDRESS</u>
Robert Shaffer, President	3564 Magellan Cr. Unit #214 Aventura, FL 33180

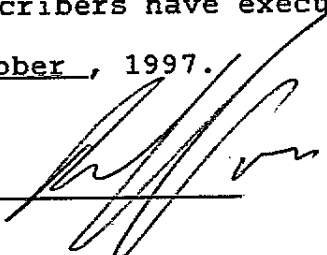
ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

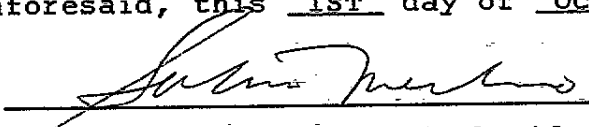
IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Incorporation this 1ST day of October, 1997.

  
\_\_\_\_\_  
ROBERT SHAFFER

STATE OF FLORIDA  
COUNTY OF DADE

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared ROBERT SHAFFER, known to be and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 1ST day of October, 1997.

  
\_\_\_\_\_  
Notary Public, State of Florida At Large

My Commission Expires:



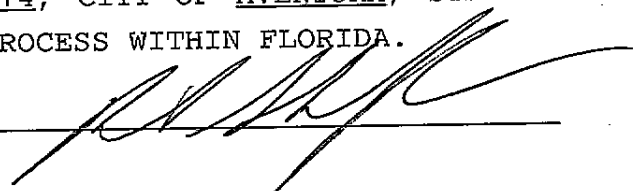
SABINA MERLINO  
COMMISSION # CC447406  
EXPIRES MARCH 22, 1999  
ALAN NOTARY SERVICE  
1-800-486-9040

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTE, THE FOLLOWING IS SUBMITTED:

FIRST THAT NULOGIX ENTERPRISES, INC.

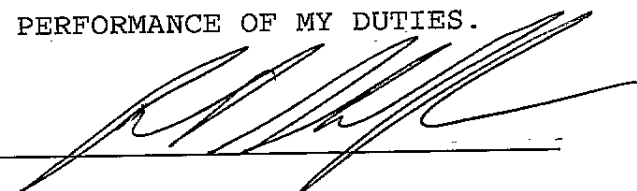
DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT P.O. BOX 40-2062, CITY OF MIAMI BEACH, STATE OF FLORIDA, HAS NAMED ROBERT SHAFFER, (Name of Resident Agent) LOCATED AT 3564 MAGELLAN CR. UNIT #214, CITY OF AVENTURA, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

  
\_\_\_\_\_  
ROBERT SHAFFER

Title: PRESIDENT

10/1/97  
\_\_\_\_\_  
Date

HAVING BEEN NAMED TO ACCEPT SERVICE OR PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PERFORMANCE OF MY DUTIES.

  
\_\_\_\_\_  
ROBERT SHAFFER

10/1/97  
\_\_\_\_\_  
Date

97 DEC -2 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED