

FROM

11/06/96 11:27:37 11/06/96 350040 373 P 1/6  
N96000003162

3/0/96 FLORIDA DIVISION OF CORPORATIONS 10:30 AM  
PUBLIC ACCOUNT SYSTEM  
ELECTRONIC FILING COVER SHEET  
TO: DIVISION OF CORPORATIONS FROM: HANNOBY ADAMS & CRITCH, P.A.  
DEPARTMENT OF STATE 50 N LAURA ST  
STATE OF FLORIDA 3400 BARNETT CENTER  
409 EAST GAINES STREET JACKSONVILLE FL 32202-  
TALLAHASSEE, FL 32390 CONTACT: CORINNE P MCCLURE  
FAX: (904) 922-4000 PHONE: (904) 354-1100  
FAX: (904) 798-2661  
DOCUMENT TYPE: FLORIDA NON-PROFIT CORPORATION  
NAME: MID-FLORIDA WOMEN'S HEALTH SERVICES NETWORK, INC.  
FAX AUDIT NUMBER: H96000003162 CURRENT STATUS: REQUESTED  
DATE REQUESTED: 03/06/1996 TIME REQUESTED: 10:29:50  
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 0  
NUMBER OF PAGES: 5 METHOD OF DELIVERY: FAX  
ESTIMATED CHARGE: \$70.00 ACCOUNT NUMBER: 076226003914

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\*\* ENTER 'M' FOR MENU. \*\*  
ENTER SELECTION AND <CR>:

MAC No. 17020.101

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95 MAR -6 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/6

2001/03/06 10:00:00

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FROM

(WED) 03.06'96 11:32/ST. 11:06/NO. 3560402673 P 2/6

**MID-FLORIDA WOMEN'S HEALTH  
SERVICES NETWORK, INC.**

**ARTICLES**

**March 4, 1996**

H96000003162

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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The undersigned, acting as incorporator of MID-FLORIDA WOMEN'S HEALTH SERVICES NETWORK, INC. ("Corporation"), under Chapter 617 of the the Florida Not For Profit Corporation Act, adopts the following Articles of Incorporation:

**ARTICLE I**

**Name and Duration**

A. The name of the Corporation is Mid-Florida Women's Health Services Network, Inc.

B. The duration of the Corporation is perpetual, with the effective date upon which this Corporation comes into existence being the date these Articles are filed with the Secretary of State.

**ARTICLE II**

**Powers and Purpose**

This Corporation is organized as a Florida not for profit Corporation, pursuant to and shall possess all of the powers enumerated in, Chapter 617, Florida Statutes (1993), for the purpose of administering the matching of skilled providers of obstetrical and gynecological services to greater Orlando and adjacent mid Florida areas with health care purchasers who desire their services.

**ARTICLE III**

**Principal Office and Mailing Address**

The principal place of business and mailing address of the Corporation shall be:

Mid-Florida Women's Health Services Network, Inc.  
1925 Mizell Avenue, Suite #206  
Winter Park, Florida 32792

*Covered by Standard Non-Disclosure, Non-Compete Agreement.*

prepared by:

inda S.R. Gemind, Esq.  
ahoney Adams & Criser, P.A.  
ont Office Box 4099  
acksonville, FL 32201  
,904) 354-1100  
la. Bar No. 0848352

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#### **ARTICLE IV**

##### **Members**

The Corporation will have members. Membership shall not be evidenced by membership certificates.

#### **ARTICLE V**

##### **Initial Registered Office and Agent**

The street address of the initial registered office of the Corporation is:

50 North Laura Street  
Suite 3400  
Jacksonville, FL 32202

and the name of the Corporation's initial registered agent at the address is:

RAX CO.

#### **ARTICLE VI**

##### **Incorporator**

The name and address of the incorporator of the Corporation is:

| <b><u>Name</u></b> | <b><u>Address</u></b>                      |
|--------------------|--------------------------------------------|
| Wayne W. Adams     | 501 Park Avenue<br>Belleair, Florida 34616 |

#### **ARTICLE VII**

##### **Board of Directors**

- A. All affairs of the Corporation shall be managed by a Board of Directors.
- B. The method of election, resignation, filling vacancies, removing, and term(s) of directors shall be as determined by the Bylaws of the Corporation.

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C. This Corporation shall have four (4) directors initially. The number of directors may be increased or decreased from time to time as provided in the Bylaws of the Corporation, but shall never be less than four (4).

The names and addresses of the initial Board of Directors (alphabetically) are as follows:

|    | Name:                   | Address:                                                     |
|----|-------------------------|--------------------------------------------------------------|
| 1. | Ted E. Manos, M.D.      | 1925 Mizell Avenue, Suite #206<br>Winter Park, Florida 32792 |
| 2. | Ladislav V. Smyk, M.D.  | 1170 South Semoran Boulevard<br>Orlando, Florida 32807       |
| 3. | Randy S. Tompkins, M.D. | 1450 State Road 434, Suite #116<br>Longwood, FL 32750        |
| 4. | Thomas S. Young, M.D.   | 1925 Mizell Avenue, Suite #200<br>Winter Park, Florida 32792 |

#### ARTICLE VIII Compensation

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II hereof.

#### ARTICLE IX Immunity

The directors of the Corporation shall be immune from liability to the Corporation to the fullest extent permitted by law.

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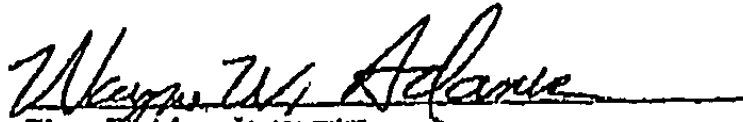
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**ARTICLE X**  
**Indemnification**

The Corporation shall indemnify each officer and director of the Corporation, and may indemnify any other person, to the maximum extent permitted by the Florida Not for Profit Corporation Act and other applicable laws.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this fourth day of March, 1996.

  
Wayne W. Adams, Incorporator

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

Pursuant to the provisions of Section 617, Florida Statutes (1993), Mid-Florida Women's Health Services Network, Inc., 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 Mid-Florida Women's Health Services Network, Inc.
2. The name and address of the registered agent and office are:

RAX CO. 50 North Laura Street  
Suite 3400  
Jacksonville, FL 322002

*Wayne W. Adams*  
Wayne W. Adams, Incorporator

*March 4, 1996*  
Date

Having been named as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate, RAX CO. hereby accepts the appointment as registered agent and agrees to act in this capacity. RAX CO. further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and RAX CO. is familiar with and accepts the obligations of its position as registered agent.

RAX CO.

By: *[Signature]*

Date

APR 21 '97 13:17 FR HANONEY ADAMS CRISER 904 790 2690 TO 1516522\*102119190 P.01/03

N960000001249

4/21/97

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET

10:36 AM

((H97000006404 2))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: HANONEY ADAMS & CRISER, P.A.  
CONTACT: CORINNE P MCCLURE  
PHONE: (904)354-1100

ACCT#: 076226003514

FAX #: (904)790-2697

NAME: MID-FLORIDA WOMEN'S HEALTH SERVICES NETWORK,

AUDIT NUMBER.....H97000006404

DOC TYPE.....DISSOLUTION

CERT. OF STATUS..0

CERT. COPIES.....0

PAGES..... 1

DHL.METHOD.. FAX

RST.CHARGE.. \$35.00

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HAC No. 16522.102

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97 APR 21 PM 1:39

DIVISION OF CORPORATIONS

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Diss.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 APR 21 PM 2:07

FILED



H97000006404

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 21, 1997

MID-FLORIDA WOMEN'S HEALTH SERVICES NETWORK, INC.  
1925 MIZELL AVENUE  
SUITE 206  
WINTER PARK, FL 32792

SUBJECT: MID-FLORIDA WOMEN'S HEALTH SERVICES NETWORK, INC  
REF: N96000001249

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.

The document should include a statement that the dissolution was approved by the board of directors.

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) 487-6908.

Steven Harris  
Corporate Specialist

FAX Aud. #: H97000006404  
Letter Number: 597A00020288

H97000006404

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

APR 21 '97 12:56

\*\*\* TOTAL PAGE.03 \*\*\*

APR 21 '97 11:05 FR MAHONEY ADAMS CRISER 904 790 2660 TO 919049224000

P.01/00

4/21/97

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET

10:36 AM

((H97000006404 2))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000  
FROM: MAHONEY ADAMS & CRISER, P.A. ACCT#: 076226003614  
CONTACT: CORINNE P MCCLURE FAX #: (904)790-2697  
PHONE: (904)354-1100  
NAME: MID-FLORIDA WOMEN'S HEALTH SERVICES NETWORK,  
AUDIT NUMBER.....H97000006404  
DOC TYPE.....DISSOLUTION  
CERT. OF STATUS..0 PAGES..... 1  
CERT. COPIES.....0 DEL.METHOD.. FAX  
EST.CHARGE.. \$35.00

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MAC No. 16522.102

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CLERK OF CIRCUIT COURT

1197000006404

**ARTICLES OF DISSOLUTION  
PURSUANT TO SECTION 617.1403  
OF THE FLORIDA STATUTES**

**MID-FLORIDA WOMEN'S HEALTH SERVICES NETWORK, INC.**

Pursuant to the provisions of Section 617.1403 of the Florida Statutes, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. The name of the corporation is MID-FLORIDA WOMEN'S HEALTH SERVICES NETWORK, INC.
2. Dissolution was authorized <sup>and approved</sup> on 28 August 1996 by the Board of Directors.
3. Members are not entitled to vote on dissolution.

**MID-FLORIDA WOMEN'S HEALTH  
SERVICES NETWORK, INC.**

By: Ted E. Manos  
Ted E. Manos, M.D., President

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FILED  
97 APR 21 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Prepared by Linda S. Gemind, Esq.  
Mahoney Adams & Criser, P.A.  
P. O. Box 4099  
Jacksonville, FL 32201  
(904) 354-1100  
Florida Bar No. 0848352

H97000006404