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FLORIDA PROFIT CORPORATION OR P.A.

Nature Coast Family Practice, P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF
NATURE COAST FAMILY PRACTICE, P.A.

The undersigned, subscriber to these Articles of Incorporation, being duly licensed to practice medicine under the laws of the State of Florida, adopt these Articles of Incorporation to form a corporation under the Professional Service Corporation Act, Chapter 621, Florida Statutes, and other laws of the state of Florida.

ARTICLE I - NAME

The name of the Corporation is NATURE COAST FAMILY PRACTICE, P.A.

ARTICLE II. PRINCIPAL OFFICE

The principal office address of this corporation is 11198 Spring Hill Drive, Spring Hill, FL 34609 and the mailing address of this corporation is P. O. Box 3310, Spring Hill, FL 34611-3310.

ARTICLE III. PURPOSE

The professional service corporation is formed to engage in every phase and aspect of the practice of medicine. In addition, the corporation may invest the funds of the professional service corporation in real estate, mortgages, stocks, bonds, or any other type of investment, and own real and personal property necessary for the rendering of professional services.

Prepared by:
Darryl W. Johnston, Esquire
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P. O. Box 997
Brooksville, FL 34605-0997
352/796-5123 (phone) 352/799-3187 (fax)

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Fax Audit Number H00000007222 3**ARTICLE IV. TERM OF EXISTENCE**

The professional service corporation shall have perpetual existence starting on the date these articles of incorporation are filed with the Florida Department of State.

ARTICLE V. CAPITAL STOCK

The capital stock of the professional service corporation shall be 1,000 shares of common stock having no par value. None of the shares of the professional service corporation may be issued to anyone other than an individual duly licensed to practice medicine in the State of Florida.

ARTICLE VI. REGISTERED OFFICE AND AGENT

The name of the initial registered agent of this corporation is Lisa Eugenia Lastowski, M.D. and the street address is 11198 Spring Hill Drive, Spring Hill, FL 34609. The principal office and mailing address of this corporation is P. O. Box 3310, Spring Hill, FL 34611-3310.

ARTICLE VII. BOARD OF DIRECTORS

The business of the corporation shall be managed by its board of directors. The initial board of directors shall consist of two (2) members. The name(s) and addresses of the member(s) of the first board of directors are

Name	Address
Lisa Eugenia Lastowski, M.D.	P. O. Box 3310, Spring Hill, FL 34611-3310
James Alexander Lastowski	P. O. Box 3310, Spring Hill, FL 34611-3310

ARTICLE VII. SUBSCRIBER(S)

The name(s) and address(es) of the person(s) signing these articles of incorporation as subscriber(s) are:

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Name	Address
Lisa Eugenia Lastowski, M.D.	P. O. Box 3310, Spring Hill, FL 34611-3310
James Alexander Lastowski	P. O. Box 3310, Spring Hill, FL 34611-3310

ARTICLE IX. RESTRAINT OF ALIENATION OF SHARES

The shareholders of the professional service corporation shall have the power to include in the bylaws, or by separate agreement adopted by a majority of the shareholders of the professional service corporation, any regulatory or restrictive provisions regarding the proposed sale, transfer, or other disposition of any of the outstanding stock of the professional service corporation by any of its shareholders, or in the event of the death of any of its shareholders. The manner and form, as well as the relevant terms, conditions, and details of the disposition, shall be determined by the shareholders of the professional service corporation; provided, however, that such regulatory or restrictive provisions shall not affect the rights of third parties without actual notice of the provisions unless the existence of the provisions is plainly noted on the certificate evidencing the ownership of such stock. no shareholder of the professional service corporation may sell or transfer stock in the corporation except to another individual who is eligible to be a shareholder of the professional service corporation, and the sale or transfer may be made only after it has been approved at a shareholder meeting especially called for that purpose. If any shareholder becomes legally disqualified to practice medicine in the State of Florida, is elected to a public office, or accepts employment that places restrictions or limitations on the continuous rendering of such professional services, that shareholder's shares of stock shall immediately become subject to purchase by the professional service corporation in accordance with the bylaws adopted by the shareholders.

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Fax Audit Number H00000007222 3**ARTICLE X. AMENDMENT**

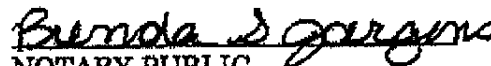
The corporation reserves the right to amend or repeal any provisions of the incorporation in the manner provided by law. Any right conferred on the shareholders is subject to this reservation.

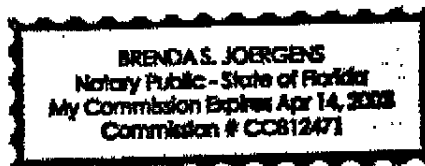
IN WITNESS WHEREOF, the undersigned subscriber(s) executed these Articles of Incorporation on February 16, 2000.


Lisa Eugenia Lastowski

STATE OF FLORIDA
COUNTY OF HERNANDO

The foregoing articles of incorporation were acknowledged before me on February 16, 2000, by Lisa Eugenia Lastowski and who produced North Carolina Driver License as identification.


NOTARY PUBLIC
(Type or print name of Notary)
My commission expires:

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 NATURE COAST FAMILY PRACTICE, P.A.
2. The name and address of the registered agent and office is:

Lisa Eugenia Lastowski
P. O. Box 3310
Spring Hill, FL 34611-3310

11198 Spring Hill Drive
Spring Hill, FL 34609

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.



Lisa Eugenia Lastowski

2/16/2000
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Prepared by:
Darryl W. Johnston, Esquire
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