

# P00000018423

Transmittal Letter

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

SUBJECT: MD Practice Solutions 2000, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00	\$78.75	\$122.50	\$131.25
Filing Fee	Filing Fee & Certificate	Filing fee & Certified Copy	Filing fee, Certified Copy, & Certificate

Additional Copy Required

700003138227--1  
-02/17/00--01032--003  
\*\*\*\*131.25 \*\*\*\*87.50

FROM: LaQuinta Harps

Name (printed or typed)

325 Johns Glen Dr.

Address

Jacksonville, FL 32259

City, State & Zip

(904) 230-0882

Daytime Telephone Number

Note: Please provide the original and *one copy* of the articles.

FILED  
00 FEB 17 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch FEB 22 2000

**Articles of Incorporation**

FILED  
00 FEB 17 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:

MD Practice Solutions 2000, Inc.

**ARTICLE II: PRINCIPAL OFFICE**

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

325 Johns Glen Dr.

Jacksonville, FL 32259

**ARTICLE III: SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 (One Thousand)

**ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

LaQuinta Harps

325 Johns Glen Dr.

Jacksonville, FL 32259

**ARTICLE V: INCORPORATOR(S)**

See instructions for officers/directors.

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

LaQuinta Harps

325 Johns Glen Dr.

Jacksonville, FL 32259

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
15th day of February, 2000.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Notarization is not required.

*Note:* Affixing an officer title after a signature of an incorporator does not constitute  
the designation of officers.

Filing Fee \$70.00

**Certificate of Designation of  
Registered Agent/Registered Office**

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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:  
MD Practice Solutions 2000, Inc.

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

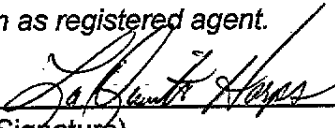
LaQuinta Harps  
(Name)  
325 Johns Glen Dr.  
(P.O. Box or Mail Drop Box NOT Acceptable)  
Jacksonville, FL 32259  
(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 FEB 17 AM 10:03

FILED

*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.*

  
(Signature)

2/15/2000  
(Date)