

P00000035181

TRANSMITTAL LETTER

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

FILED
2000 APR -6 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/06/00--01001--014
****175.00 . *****87.50

SUBJECT: STANLEY J WILLIAMS MD PA

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

\$131.25 towards Filing Fee, Certified Copy & Certificate.

87.50

FROM: STANLEY J WILLIAMS
511 WEST HIGHLANDS BLVD
INVERNESS, FL 34452

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:

STANLEY J WILLIAMS MD PA

ARTICLE II : PRINCIPAL OFFICE

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

511 WEST HIGHLANDS BLVD
INVERNESS, FL 34452

ARTICLE III : SHARES

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

500 SHARES OF COMMON STOCK HAVING \$1.00 PAR VALUE PER SHARE.

ARTICLE IV : INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

STANLEY J WILLIAMS
511 WEST HIGHLANDS BLVD
INVERNESS, FL 34452

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ARTICLES V : INCORPORATOR(S)

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

PRESIDENT / SECRETARY
STANLEY J WILLIAMS
511 WEST HIGHLANDS BLVD
INVERNESS, FL 34452

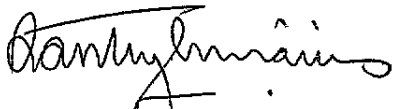
ARTICLES VI : TERM OF EXISTENCE

This Corporation is to exist perpetually.

ARTICLES VII : NATURE OF BUSINESS

This Corporation may engage or transact in any or all lawful activities or business permitted under the laws of the UNITED STATES OF AMERICA, and STATE OF FLORIDA or any other state. Nature of Business, Cardiology Practice.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
10th day of March 2000



Signature(STANLEY J WILLIAMS)

STANLEY J WILLIAMS MD PA

**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:

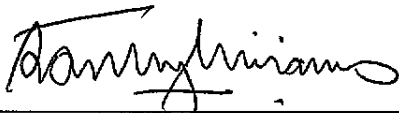
STANLEY J WILLIAMS MD PA

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

STANLEY J WILLIAMS
511 WEST HIGHLANDS BLVD
INVERNESS, FL 3445267

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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.



STANLEY J WILLIAMS(SIGNATURE)

March 10, 2000,

(DATE)