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SEPTEMBER 30, 2000

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

SUBJECT: POTENCIANO GONZALES, M.D., P.A.

PLEASE FIND ENCLOSED ONE COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE AMOUNT OF \$70.00.

FROM: POTENCIANO GONZALES, M.D. 317 HAZELTINE DRIVE DEBARY, FL 32713 813-264-4778

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Old Marian School of the South of the South





ARTICLES OF INCORPORATION

ARTICLE ONE - NAME

THE NAME OF THE CORPORATION SHALL BE: POTENCIANO GONZALES, M.D., P.A.

ARTICLE TWO - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE: 317 HAZELTINE DRIVE, DEBARY, FL 32713.

ARTICLE THREE - CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 100 WITH A PAR VALUE OF \$1.00 PER SHARE.

ARTICLE FOUR - INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS: POTENCIANO GONZALES, M.D., 317 HAZELTINE DRIVE, DEBARY, FL 32713.

ARTICLE FIVE - INCORPORATORS

THE NAME (S) AND ADDRESS (ES) OF THE INCORPORATOR (S) TO THESE ARTICLES OF INCORPORATION IS (ARE): POTENCIANO GONZALES, M.D., 317 HAZELTINE DRIVE, DEBARY, FL 32713.

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS BOTTOM DAY OF SERT., 2000.

SIGNATURE:

POTENCIANO GONZALES, M.D.



PURSUANT TO THE PROVISIONS OF SECTION 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: POTENCIANO GONZALES, M.D., P.A.
- 2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS: POTENCIANO GONZALES, M.D., 317 HAZELTINE DRIVE, DEBARY, FL 32713.

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: Y MAS.

POTENCIANO GONZALES, M.D.

DATE: K 9/30/00