

*Healthcare*  
**FACILITATORS**

P000000/000036

September 29, 2000

Division of Corporations  
P.O Box 6327  
Tallahassee, Florida 32314

700003413567--6  
-10/04/00--01040--024  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Dear Division of Corporations:

Healthcare Facilitators has been requested to forward a Articles of Incorporation for Alternatives OB/GYN Inc.

Enclosed is a check for \$78.75 for the incorporation process.

If you have any questions, please contact my office.

Thank you.

Sincerely,



Fran LaVallette  
Facilitator

FILED  
00 OCT 24 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch OCT 24 2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 6, 2000

FRAN LA VALLETTE  
820 GROVESMERE LOOP  
OCOE, FL 34761

SUBJECT: ALTERNATIVES OB/GYN INC.  
Ref. Number: W00000024272

We have received your document for ALTERNATIVES OB/GYN INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

Please return the original and one copy of 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 (850) 487-6928.

Tim Burch  
Document Specialist

Letter Number: 300A00052948

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Alternatives OB/GYN Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2406 W. Carroll Place  
Tampa, FL 33612

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Corporation will be medical  
practice offering OB/GYN services.

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000 shares

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

Ron Shemesh M.D President  
2406 W. Carroll Place  
Tampa, FL 33612

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Ron Shemesh M.D  
2406 W. Carroll Place  
Tampa, FL 33612

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ron Shemesh M.D  
2406 W. Carroll Place  
Tampa, FL 33612

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

10/18/00

Date

Signature/Incorporator

10/18/00

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 OCT 24 PM 1:28

FILED