Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H000000634527)))

Note	DO NOT hit the REFRESH/RELOAD button on will generate another cov	your browser from this	s page. Doing so
To:	Division of Corporations Fax Number : (850)922-4001		FILED DEC -5 PM
From:	Account Name : ROGERS, TOWERS, BAILEY, Account Number : 076666002273 Phone : (904)398-3911 Fax Number : (904)396-0663	ET AL	2: 57 TATE ORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Gerald E. Townsend, Jr., M.D., P.A.

with some transport of the property of the state of the s	
Certificate of Status	0
Certified Copy	0
telegrap . The manage & designation & Commission	04
Page Count	\$70.00
Estimated Charge	Lacracian or department of the Part of the Control

T. SAATH DEC 0 5 2000

Fax Number

H00000063452 7

ARTICLES OF INCORPORATION OF GERALD E. TOWNSEND, JR., M.D., P.A.

ARTICLE I

<u>Name</u>

The name of this corporation is:

GERALD E. TOWNSEND, JR.,M.D., P.A.

OO DEC -5 PM 2: 5:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II

Purpose

The nature of the business to be transacted is to provide medical care services and to transact any other lawful business and to exercise all powers granted to corporations by the Business Corporation Act of the State of Florida.

ARTICLE III

Authorized Capital

The total number of shares that this corporation is authorized to issue is One Million (1,000,000) shares of Common Stock, par value of One Tenth of One Cent (\$0.001) each.

ARTICLE IV

Duration

This corporation will exist perpetually until legally dissolved.

ARTICLE V

Principal Office: Mailing Address

The principal office and mailing address of this corporation will be at 25 North St. Augustine Blvd., St. Augustine, Florida 32080, or such other address as the Board of Directors may from time to time designate.

ARTICLE VI

Directors

The name and address of the member of the first board of directors, who shall hold office for the first year of the existence of the corporation or until such time that a successor is duly elected and shall qualify to serve as director, is as follows:

NAME

ADDRESS

Gerald E. Townsend, Jr., M.D.

P.O. Box 3346.

St. Augustine, Florida 32085

ARTICLE VII

Incorporator

The name and address of the sole incorporator of the corporation is as follows:

NAME

ADDRESS

Gerald E. Townsend, Jr., M.D.

P.O. Box 3346.

St. Augustine, Florida 32085

H00000063452 7

ARTICLE VIII

Registered Agent

The name of the initial registered agent of this corporation and the street address of the initial registered office of this corporation is:

NAME

ADDRESS

Gerald E. Townsend, Jr., M.D.

25 North St. Augustine Blvd. St. Augustine, Florida 32080

ARTICLE IX

Amendment

This corporation reserves the right to amend, alter, change or repeal any provision contained in its articles of incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.

Gerald E. Townsend, Jr., M.D.

Incorporator

__ Ø 005

H00000063452 7

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the below named 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:		SEC	00	
	Gerald E. Townsend, Jr., M.D., P.A.		RETA AHA)3d	TI .,
2	The name and address of the registered agent and office are:		SSEE	Ġ	
		25 North St. Augustine Blvd. St. Augustine, Florida 32080	FS FS	3	
			ე გ ₹	$\ddot{\omega}$	
		Dt. Augustio, 1 total	렇때	S	

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:

Gerald E. Townsend, Jr., M.D.

DATE:

12/1/00

HAUSERMCMATownsend PCArticles of Incorporation.wpd