

Mailing Address:

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#0100001099

December 27, 2000

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

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Dear Sirs:

Attached please find two original sets of signed Articles of Incorporation for Shirley Codada, M.D., P.A. Executed by the incorporator Shirley Codada, M.D. on the date indicated. Please incorporate Shirley Codada, M.D., P.A using the effective date of December 29, 2000. A check in the amount of \$ 70.00 payable to the Secretary of State is enclosed to cover the incorporation fees.

Please file stamp the second original copy of the articles of incorporation and return them to us in the enclosed stamped and addressed envelope for our corporate files.

Sincerely yours,

David L. C. Van Gorp, CPA

Mand & C Tun Dasp

DLCVG:

Attachments:

(2) Sets of Articles of Incorporation

ODEC 29 AM 9: 05
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

A5.01



ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SHIRLEY CODADA M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address is:

1500 University Suite 101 Coral Springs, Florida 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activities or business permitted under the laws of the United States, Florida and any other state, country, territory or nation and specifically the practice of medicine.

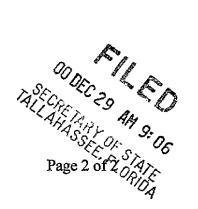
ARTICLE IV SHARES

The number of shares of stock is 1,000 having a \$1.00 par value each.

ARTICLE VI REGISTERED AGENT

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

Shirley Codada, MD, Registered Agent 1500 University Suite 101 Coral Springs, Florida 33071



ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shirley Codada, MD, Registered Agent 1500 University Suite 101 Coral Springs, Florida 33071

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.

Munden N. 6000 Signature/Registered Agent

Signature/Incorporator

Shirley Codada, MD

Date

Date