

Healthcare  
FACILITATORs

PC/00007222

FILED  
01 MAY 22 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 19, 2001

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

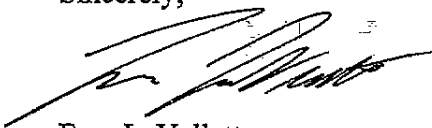
Dear Division of Corporations:

Healthcare Facilitators on behalf of Windermere Family Practice P.A has been requested to forward the attached Articles of Incorporation and check for \$78.75.

Please process the attached request for incorporation and send the certification to my office.

Thank you.

Sincerely,



Fran LaVallette  
Facilitator

400004287774--2  
-05/22/01-01087-017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**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:

Windermere Family Practice P.A.

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2711 South Maguire Road  
Ocoee, Florida 34761

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Family Practice Medical Practice

**ARTICLE IV SHARES**

The number of shares of stock is:

100,000 shares

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

The name(s) and address(es):

Matthew Harrison D.O  
President  
2711 S. Maguire Rd  
Ocoee, FL 34761

James Wilson D.O  
Vice President  
2711 S. Maguire Rd  
Ocoee, FL 34761

**ARTICLE VI REGISTERED AGENT**

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

Matthew Harrison D.O  
2711 S. Maguire Road  
Ocoee, FL 34761

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

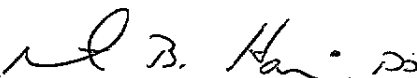
Matthew Harrison D.O  
2711 S. Maguire Road  
Ocoee, FL 34761

\*\*\*\*\*

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

2/15/01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2/15/01  
\_\_\_\_\_  
Date