

PD1000082922

Zubair S. Mansori, C.P.A.
915 Semoran Blvd
Casselberry, FL 32707
(407) 331-3122

August 16, 2001

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

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-08/21/01--01034--001
*****78.75 *****78.75

To Whom It May Concern:

I am enclosing the Articles of Incorporation of Family Practice of Central Florida, P.A. together with a check for \$78.75 representing Filing Fee \$35.00, Register Agent Fees \$35.00, and \$8.75 for Certified Copy.

Please send me the certified copy of the filing at the earliest convenience.

If you have any questions, please contact me at (407) 331-3122.

Sincerely yours,

Zubair S. Mansori
Zubair S. Mansori, C.P.A.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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SECRETARY OF STATE
TALLAHASSEE FLORIDA**ARTICLES OF INCORPORATION****Of Family Practice of Central Florida, P.A.****(a Florida Corporation)**

The undersigned subscribers to these Articles of Incorporation, each a natural person competent to contract, hereby associate themselves together to form a corporation for profit under the Laws of the State of Florida.

Article I

The name of the Corporation is: Family Practice of Central Florida, P.A.

Article II

This Corporation is to exist perpetually unless dissolved in accordance with the Laws of the State of Florida.

Article III

This Corporation may engage in the practice of medicine, and related activities and other businesses permitted under the Laws of the United States and of this State.

Article IV

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is 1,000 shares of common stock at One Hundred Dollars (\$100.00) par value. All or any part of said stock of this Corporation may be paid for wholly or in part for cash or other property, excluding stock or other securities, at a just valuation to be fixed by the Directors of this Corporation

at any regular or special meeting and any and all shares so issued shall be fully paid and non-assessable.

Article V

The initial street address of the principal office of this Corporation in the State of Florida is: 1403 Medical Plaza, Suite 107, Sanford, FL 32771. The Board of Directors may from time to time move the principal office to any other address in Florida. This Corporation shall have the privilege of having such branch offices at such other places within the State of Florida as may be designated from time to time by the Directors of the Corporation.

Article VI

This Corporation shall have not less than one (1) Director initially; the number of Directors may be increased from time to time by By-Laws adopted by the Shareholders, but shall never be less than one (1).

Article VII

The name and address of the initial sole director, constituting the Board of Directors is:

AYESHA AHMAR, M.D.

55 HASSI POINT, LONGWOOD, FL 32779

Article VIII

Pursuant to Chapter 48.091, Florida Statutes, AYESHA AHMAR of 55

Point Hassi Point, Longwood, FL 32779 is hereby named as agent for this Corporation to accept service of process within the State of Florida. That the said AYESHA AHMAR by execution of these Articles does accept to act in this capacity and agrees to comply with the provisions of said Act relative to keeping open said office located at the above address.

Article IX

The name and address of the person signing these articles is:

AYESHA AHMAR, M.D.
55 HASSI POINT, LONGWOOD, FL 32779

Article X

The Articles of Incorporation may be amended in the manner provided by Law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholder's meeting by a majority of the stock entitled to vote thereon, unless all the Directors and all the stockholders sign a written statement manifesting their intention that a certain amendment to these Articles of Incorporation is made.

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Incorporation for the uses and purposes aforesaid on the 5TH day of July 2001.

Ayesha Ahmar
Signature of subscriber

AYESHA AHMAR (NAME OF SUBSCRIBER)


STATE OF FLORIDA :

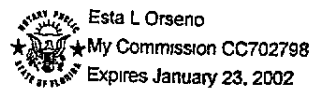
COUNTY OF SEMINOLE:

Before me, the undersigned authority, authorized to take acknowledgments in the State and County aforesaid, personally appeared AYESHA AHMAR, as Registered Agent of Family Practice of Central Florida, P.A., known to me to be the person (or has provided his identification) described in and who executed the foregoing instrument and he acknowledged before me that he executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 2nd day of ^{August} ~~July~~, 2001.

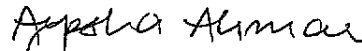
JLDK#A560-016-67-821-0


Notary Public



ACCEPTANCE BY REGISTERED AGENT

I, AYESHA AHMAR, agree to accept the designation of Registered Agent for Family Practice of Central Florida, P.A., and as such Registered Agent, to comply with all requirements, including acceptance of service of process pursuant to Chapter 607, Florida Statutes, which apply to my capacity as a Registered Agent.



AYESHA AHMAR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA