TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 70000456265 **%*****70.00 20.00 hie -SUBJECT: PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **2** \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Peachie Scara Name (Printed or typed) FROM: 6142 9 Ave Cir KIE Address Bradenton FL 34212 City, State & Zip 94/ 749 7010 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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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:

Peachie Scarano, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6142, 9 Ave Cir NNE

Bradenton FL 3-1212

ARTICLE III PURPOSE The purpose for which the corporation is organized is:

Provide professional medical services

ARTICLE IV SHARES The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s) and address(es): Peachie Scarano, MD - President 6142 9 Ave Cir NR

Bradenton FL 34212

ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:

Reachie Scavano, MD OTP2, 9 Ave Cir NE Bradenton FL 34212

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:

Peachie Scarano, MD 6142, 9 Ave Cir NE Bradenton RL 34212

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

beacher E. Acararo

Signature/Incorporator
