TRANSMITTAL LETTER

2123

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

000004597630 -09/19/01--01007--006 *****87.50 *****87.50

SUBJECT: MICHAEL D. MCPHEE, M.D., P.A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee \$78.75

Filing Fee &

Certificate of

Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Martin I. Kalish, c/o Zuckerman Spaeder LLP Name (Printed or typed)

Miami, Florida 33131 City, State & Zip

305-579-0110

Daytime Telephone number

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

ARTICLES OF INCORPORATION

OF

MICHAEL D. MCPHEE, M.D., P.A.

The undersigned, acting as Incorporator of a corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation for such corporation:

ARTICLE I

The name of the corporation is:

MICHAEL D. MCPHEE, M.D., P.A.

ARTICLE II

The mailing address of the corporation is:

848 1st Avenue North, Suite 310 Naples, Florida 34102

The address of the principal office is:

848 1st Avenue North, Suite 310 Naples, Florida 34102

ARTICLE III

The duration of this corporation is to be perpetual.

ARTICLE IV

The corporation may engage in any activity or business permitted under the laws of the State of Florida, including the practice of medicine.

ARTICLE V

The corporation shall have authority to issue 1,000 shares, all of one class, without par value.

ARTICLE VI

The address of the initial registered office is c/o Zuckerman Spaeder, L.L.P., 201 South Biscayne Boulevard, Miami Center – Suite 900, Miami, Florida 33131. The name of the corporation's registered agent at such address is Martin I. Kalish, who upon accepting this designation agrees to comply with the provisions of Section 48.091, *Florida Statutes*, as amended from time to time, with respect to keeping an office open for service of process. The certificate and written acceptance with respect to the registered office and registered agent appears at the conclusion of these Articles.

OT SEP 18 AM II: :
SECRETARY OF STATE

ARTICLE VII

The number of directors constituting the Board of Directors shall be fixed as provided by the bylaws, but shall not be fixed at less than one.

ARTICLE VIII

The number of directors constituting the initial board of directors is one, whose name and address is:

Michael D. McPhee, M.D. 848 1st Avenue North, Suite 310 Naples, Florida 34102

ARTICLE IX

The name and address of the Incorporator is:

Martin I. Kalish c/o Zuckerman Spaeder, L.L.P. 201 South Biscayne Boulevard Miami Center – Suite 900 Miami, Florida 33131

ARTICLE X

This corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law.

ARTICLE XI

These Articles of Incorporation may be amended in the manner authorized by law at the time of amendment.

IN WITNESS WHEREOF, I, Martin I. Kalish, being the Incorporator of this corporation, make and file these Articles of Incorporation this 17th day of September, 2001.

MARTIN I. KALISH, INCORPORATOR

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, AND NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, AND CHAPTER 607, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

MICHAEL D. MCPHEE, M.D., P.A., DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, HAS APPOINTED MARTIN I. KALISH, AN INDIVIDUAL WHO RESIDES IN THE STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA., MICHAEL D. MCPHEE, M.D., P.A.'S BUSINESS OFFICE IS IDENTICAL WITH THE REGISTERED OFFICE HEREUNDER FOR SERVICE OF PROCESS, AS FOLLOWS:

REGISTERED OFFICE AND REGISTERED AGENT:

Martin I. Kalish
c/o Zuckerman Spaeder, L.L.P.
201 South Biscayne Boulevard
Miami Center – Suite 900
Miami, Florida 33131

MARTIN I. KALISH, INCORPORATOR MILLS
MARTIN I. KALISH, INCORPORATOR

WRITTEN ACCEPTANCE BY AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION, AT THE REGISTERED OFFICE DESIGNATED IN THE CERTIFICATE SET FORTH ABOVE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER STATE THAT I AM FAMILIAR WITH AND ACCEPT AND AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND THIS POSITION, INCLUDING THE PROVISIONS OF SECTION 48.091, FLORIDA STATUTES.

MARTIN I. KALISH, AS REGISTERED AGENT FOR, MICHAEL D. MCPHEE, M.D., P.A.

STATE OF FLORIDA) SS:

COUNTY OF DADE

SWORN TO AND SUBSCRIBED before me this 17th day of September, 2001.

Fabicia Zubizarreta
My Commission DD060277
Expires August 15, 2006

My Commission Expires:

NOTARY PUBLIC, ŞTATE OF FLØRIDA

[NOTARIAL SEAL]