

ABACUS Accounting & Tax Service, Inc.

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(352) 867-5005
704 S.W. 3rd Avenue

Dunnellon Office
(352) 489-9056

November 2000

DIVISION OF CORPORATIONS

P.O. BOX 1327

TALLAHASSEE, FLORIDA

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-11/16/01--01098--004

*****78.75 *****78.75

RE: William S. Moore, M.D. P.A.

Enclosed herewith are the Articles of Incorporation
together with a copy of said articles of William S. Moore,
M.D. P.A.

Our check in the amount of \$ 78.75 includes payment for the
following:

Filing Fees
Charter Tax
Registered Agent
Certified Copy

Respectfully submitted,

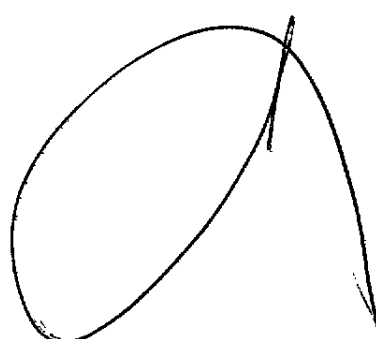

Richard M. Sandy

On behalf of William S. Moore, M.D. P.A.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FILED

 12/4

tot 265.92
PA per.
630



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 20, 2001

ABACUS ACCOUNTING & TAX SERVICE INC
% RICHARD M. SANDY
P.O. BOX 1239
OCALA, FL 34478-1239

SUBJECT: WILLIAM S. MOORE, M.D, P.A.
Ref. Number: W01000026598

We have received your document for WILLIAM S. MOORE, M.D, P.A.. However, the document has not been filed and is being returned for the following:

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 901A00062205

CERTIFICATE OF INCORPORATION
Of

William S. Moore, M.D. P.A.

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

William S. Moore, M. D. P.A.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida. *NOT WITHSTANDING THE FOREGOING, THE PROFESSIONAL ASSOCIATION WILL PROVIDE ANESTHESIOLOGY SERVICES.*

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is ONE THOUSAND (1,000) shares of common stock, having a par value of ONE (\$1.00) DOLLAR per share.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than One hundred (\$100.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

This initial street address of the principal office of the corporation shall be:

2781 SE 48th St.
Ocala, FL 34480

ARTICLE VII

The number of Directors of this corporation shall be at least ONE (1) and no more than FIVE (5).

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VIII

The name and addresses of the members of the first Board of Directors of this corporation are as follows:

William S. Moore, M.D. 2781 SE 48th St.
Ocala, FL 34480

ARTICLE IX

The names and addresses of the persons signing these Articles of Incorporation as subscribers is as follows:

William S. Moore, M.D. 2781 SE 48th St.
Ocala, FL 34480

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned William S. Moore being a natural person, competent to contract, have hereunto set their hand and seal this
14th day of November, 2001.

William S. Moore
William S. Moore, M. D.

STATE OF FLORIDA

COUNTY OF MARION

BEFORE ME, appeared William S. Moore to me well known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and they acknowledged before me that he executed same freely and voluntarily for the purpose herein expressed.

WITNESS my hand and official seal this 14th day of Nov., 2001.



Kimberly A Zappa
My Commission CC820153
Expires March 23, 2003

Kimberly A. Zappa
Notary Public, State of Florida
My commission expires:

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

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT **William S. Moore, M.D. P.A.**

WITH ITS PLACE OF BUSINESS AT **2781 SE 48th St
Ocala, FL 34480**

HAS NAMED **Richard M. Sandy**

LOCATED AT **704 SE 3rd Ave**

CITY OF **Ocala**, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF
PROCESS WITHIN FLORIDA.

SIGNATURE *William S. Moore*
William S. Moore, M.D.

TITLE **President**

DATE 11/14/01

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT
IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I
ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE *Richard M. Sandy*
Richard M. Sandy

DATE 11/14/01

BUREAU OF CORPORATE RECORDS, PO BOX 6327, TALLAHASSEE, FLORIDA 32314

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FILED