

P02000028363
Michael Sore, M.D., P.A.
817 Crenshaw Lake Road
Lutz, FL 33549

March 5, 2002

Secretary of State
Corporation Division
P.O. Box 6327
Tallahassee, FL 32314

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-03/07/02--01047--004
***122.50 ***78.75

RE: Michael Sore, M.D., P.A.

Dear Sir or Madam:

Enclosed is an original and one copy of our proposed Articles of Incorporation. Additionally you will find enclosed a check for \$122.50, and a self-addressed stamped envelope. If you would please file these Articles of Incorporation and return one copy along with the corporate charter to our office, it would be greatly appreciated.

Once again thank you for your prompt attention to this matter.

Sincerely,



Laura Roza

enclosures

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR -7 PM 3:47

3-14-02
WC

ARTICLES OF INCORPORATION

OF

MICHAEL SORE, M.D., P.A.

ARTICLE I. NAME

The name of the corporation is MICHAEL SORE, M.D., P.A.

ARTICLE II. ADDRESS OF CORPORATION

The address of the corporation is 817 Crenshaw Lake Road, Lutz, Florida

ARTICLE III. DURATION

This corporation shall exist perpetually.

ARTICLE IV. PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business. As a medical doctor without limiting or restricting in any manner the general powers of the corporation, and the enjoyment and exercise thereof, as conferred by the laws of the State of Florida.

ARTICLE V. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock of one class only, having no par value and the shares can only be held by medical doctors licensed to practice medicine in this state or others.

ARTICLE VI. PREEMPTIVE RIGHTS

Every shareholder, upon the issuance of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his prorata share thereof at the price at which it is offered to others.

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ARTICLE VII. INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of this corporation is 817 Crenshaw Lake Road, and the name of the initial registered agent of this corporation at that address is Laura Roza.

ARTICLE VIII. DIRECTORS

The corporation shall have one director initially. The number of directors may be increased or decreased from time to time, in accordance with bylaws adopted by the shareholders, provided, that the corporation shall always have the minimum number of directors required by law.

ARTICLE IX. INITIAL DIRECTOR

The name and post office address of the members of the first Board of Directors is:

NAME	ADDRESS
Michael Sore	817 Crenshaw Lake Road Lutz, Florida 33549

ARTICLE X. INCORPORATORS

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

Michael Sore	817 Crenshaw Lake Road Lutz, Florida 33549
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ARTICLE XI. BY-LAWS

The power to adopt, alter, amend or repeal by-laws shall be by majority vote of the Board of Directors or by majority vote of the shareholders provided, however, that the Board of Directors shall not have the power to adopt, alter, amend or repeal by-laws if such action would be inconsistent with any by-laws adopted by the shareholders.

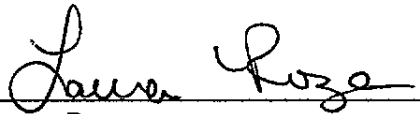
ARTICLE XII. AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be by the Board of Directors, proposed by them to the shareholders, and approved


at a shareholders' meeting by a majority of the shares entitled to vote thereon.

ACCEPTANCE OF DESIGNATION

I, Laura Roza, hereby accept the designation as the Registered Agent for Michael Sore, M.D.,
P.A.



Laura Roza
As Registered Agent



Michael Sore, M.D.
Incorporator

STATE OF FLORIDA

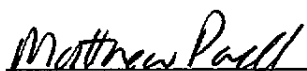
COUNTY OF HILLSBOROUGH

I hereby certify that on this day, before me, a Notary Public, duly authorized in the state and county named above to take acknowledgments, personally appeared Laura Roza to me well known and known to me to be the person described as incorporator in and who executed the foregoing Articles of Incorporation, and who did/did not take an oath.

Witness my hand and seal in the county and state named this 5 day of
March, 2002.



Notary Public, My Commission Expires
10-18-05



(Notary name, typed, printed or stamped)