

Sep. 13 2002 10:55AM
Division of Corporations

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Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : TODD W. KLISTON, ESQ.
Account Number : 075221000013
Phone : (954) 473-4900
Fax Number : (954) 473-4907

FLORIDA PROFIT CORPORATION OR P.A.

BENNETT FAMILY MEDICINE, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
BENNETT FAMILY MEDICINE, P.A.**

The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, does hereby form a corporation under the laws of the State of Florida.

ARTICLE I

CORPORATE NAME

The name of the corporation is BENNETT FAMILY MEDICINE, P.A.

ARTICLE II

NATURE OF BUSINESS

The Corporation shall engage in the practice of medicine. This corporation shall not engage in any business other than the rendering of the professional services for which it was specifically incorporated, but it shall be permitted to invest its funds in real estate, mortgages, stocks, bonds or any other type of investment, and shall be permitted to own any real or personal property necessary in the rendering of professional services.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is One Thousand (1,000) shares of common stock. The consideration paid for each share shall be fixed by the Board of Directors from time to time.

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ARTICLE IV

CERTIFICATES

Shares of the corporation must be evidenced by the issuance of certificates. The form and content of the certificates shall be as prescribed by Florida Law.

ARTICLE V

ADDRESS

The initial street address of the principal office of this corporation is 201 NW 82nd Avenue Suite 306, Plantation, FL 33324.

ARTICLE VI

TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VII

INDEMNIFICATION

Every director, stockholder and officer, in consideration for their services, shall, in the absence of fraud, be indemnified, whether then in office or not, for the reasonable cost and expenses incurred by their in connection with the defense of, or for advice concerning any claim asserted or proceeding brought against them by reason of they being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other rights to which any director, stockholder or officer may be entitled as a matter of law.

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ARTICLE VIII

INITIAL DIRECTOR

The name and address of the initial Director who shall hold office until his successor is elected and has qualified is:

Ben Z. Reiter

9600 Weathervane Manor
Plantation, FL 33324

ARTICLE IX

INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is as follows:

NAME

ADDRESS

Todd W. Kliston

8211 West Broward Boulevard, Suite 375
Plantation, FL 33324

ARTICLE X

REGISTERED OFFICE & REGISTERED AGENT

The street address of the corporation's initial registered agent is 8211 West Broward Blvd. Suite 375 Plantation, FL 33324 and the name of the initial registered agent at that office is Todd W. Kliston.

ARTICLE XI

EFFECTIVE DATE

The initial date of incorporation shall be effective on the date this document is electronically filed with the Florida Department of State.

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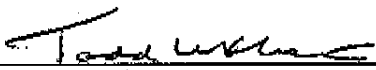
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ARTICLE XII

AMENDMENT

These Articles of Incorporation may be amended in the manner provided by Florida
Law.

Date: SEP 13, 2002


Todd W. Kliston

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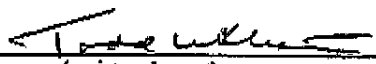
ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

IN COMPLIANCE WITH SECTION 607.0403, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST -BENNETT FAMILY MEDICINE, P.A. DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF PLANTATION, STATE OF FLORIDA, HAS NAMED TODD W. KLISTON, LOCATED AT 8211 WEST BROWARD BOULEVARD, SUITE 375, CITY OF PLANTATION, FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY STATE THAT I AM FAMILIAR WITH, AND ACCEPT THE OBLIGATIONS OF THIS POSITION.

SIGNATURE:


(registered agent)

DATE:

SEP 13, 2002

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