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Michael C. Becker & Co.

Certified Public Accountants

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September 18, 2002

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

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-09/20/02--01039--003
*****70.00 *****70.00

Dear Sir/Madam:

Subject: Samuel J. Margiotta, Jr., M.D., P.A.

Enclosed please find the original and one (1) copy of the Articles of Incorporation and a check in the amount of \$70.00.

Also enclosed, is a stamped, self-addressed envelope so that you may return to me a confirmation of the filing.

Should you require any further information, please do not hesitate to contact me.

Sincerely,



Carolyn M. Becker, CPA, MBA

MCB/dmr

Enc.

FILED
02 SEP 20 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE
9/24

ARTICLES OF INCORPORATION

OF

SAMUEL J. MARGIOTTA JR., M.D., P. A.

FILED

02 SEP 20 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: Samuel J. Margiotta Jr., M.D., P.A.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4915 S. Congress Avenue, Suite C
Lake Worth, FL 33461

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 (One thousand).

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Samuel J. Margiotta Jr., M.D.
4915 S. Congress Avenue, Suite C
Lake Worth, FL 33461

ARTICLE V - NATURE OF BUSINESS

The specific nature of the business of the professional association shall be providing medical services.

ARTICLE VI - INCORPORATOR

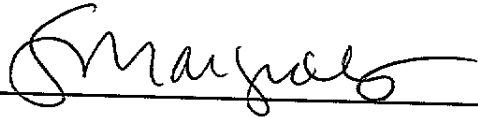
The name and street address of the incorporator to these Articles of Incorporation is:

Samuel J. Margiotta Jr., M.D.
4915 S. Congress Avenue, Suite C
Lake Worth, FL 33461

The undersigned has executed these Articles of Incorporation

this 18 day of September, 2002.

SIGNATURE



TITLE:

DIRECTOR

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the corporation is: Samuel J. Margiotta Jr., M.D., P.A.
2. The name and address of the registered agent and office is:

Samuel J. Margiotta Jr., M.D.
4915 S. Congress Avenue, Suite C
Lake Worth, FL 33461

SIGNATURE: _____

DATE: _____

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: _____

DATE: _____

REGISTERED AGENT FILING FEE: \$35.00

FILED
02 SEP 20 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA