

Division of Corporations

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P02000115656

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

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 673-0347
Fax Number : (305) 532-0738

FILED
2002 OCT 28 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Englewood Emergency Physicians, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

10-28-02 T.J.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be :
Englewood Emergency Physicians, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/trailing address is :
2140 Lemon Avenue
Englewood, FL 34223

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to provide physician services in Emergency Medicine to hospital Emergency Departments and Minor Emergency Walk-In Centers.

ARTICLE IV SHARES

The number of shares of stock is:
1500 COMMON SHARES PAR VALUE \$.10

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:
Director, President, Secretary, Treasurer :
Kendal Barton Stiles, M.D.
2140 Lemon Avenue
Englewood, FL 34223
Vice President :
Phyllis Stiles
2140 Lemon Avenue
Englewood, FL 34223

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PAGE 2 Englewood Emergency Physicians, P.A.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

KENDAL BARTON STILES, M.D.
2140 LEMON AVENUE
ENGLEWOOD, FL 34223

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

KENDAL BARTON STILES, M.D.
2140 LEMON AVENUE
ENGLEWOOD, FL 34223

ARTICLE IX

The incorporator resigns all powers, duties and obligations on the date of filing of the Articles of Incorporation.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

[Signature] Kendal Barton Stiles, President
Signature / Registered Agent

10/25/02
Date

[Signature] Kendal Barton Stiles, President
Signature/Incorporator

10/25/02
Date

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