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2003 JAN 21 AM 11:06

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1/29/03



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2003 JAN 21 AM 11:06

STATE
TALLAHASSEE FLORIDA

January 17, 2003

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

Dear Division of Corporations:

Healthcare Facilitators has been requested by Leela R. Bolla MD P.A, to submit the attached Articles of Incorporation and payment for incorporation.

If you have any questions, please contact my office.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Fran LaVallette".

Fran LaVallette
Facilitator

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

Leela R. Bolla MD, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5995 10th Avenue S.W
Naples, Florida 34116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical practice specializing in
geriatric medicine

ARTICLE IV SHARES

The number of shares of stock is:

100,000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Leela R. Bolla MD
5995 10th Avenue S.W
Naples, Florida 34116

ARTICLE VI REGISTERED AGENT

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

Leela R. Bolla MD
5995 10th Avenue S.W
Naples, Florida 34116

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leela R. Bolla MD
5995 10th Avenue S.W
Naples, Florida 34116

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

Leela R. Bolla
Signature/Registered Agent

1/15/03
Date

Leela R. Bolla
Signature/Incorporator

1/15/03
Date