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| (Requestor's Name)  |
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| (Addrace)   |
| IRA L. KAHN   |
| Attorney At Law 2314 Hollywood Blvd., Ste. 300 Hollywood, Florida 33020 |
| (City/State/Zip/Phone #)  |
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SECRETARY OF STATE
ALLAMASSEE, FLORIDA

W03-3132



# FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 3, 2003

IRA L KAHN ESQ 2514 HOLLYWOOD BLVD STE 300 HOLLYWOOD, FL 33020

SUBJECT: EPPS OF CLAY COUNTY HOSPITAL, INC.

Ref. Number: W03000003132

We have received your document for EPPS OF CLAY COUNTY HOSPITAL, INC. and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 103A00007127

Division of Compactions D.O. DOV COOK Male J. 11 0001

## ARTICLES OF INCORPORATION

EPPS OF CLAY COUNTY HOSPITAL, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby subscribes and form a corporation for profit under the Laws of Florida.

#### ARTICLE I - NAME

The name of this corporation is:

EPPS OF CLAY COUNTY HOSPITAL, INC.

# ARTICLE II - NATURE OF BUSINESS

This corporation may engage in any activity or business permitted under the laws of the United States and of this State.

# 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 Million (1,000,000) shares of Common Stock.

# ARTICLE IV - INITIAL CAPITAL

The amount of the capital with which this corporation shall begin business is One Thousand Dollars (\$1,000.00).

#### ARTICLE V - CORPORATE EXISTENCE

This corporation shall have perpetual existence.

# ARTICLE VI - ADDRESS

The initial street address of the principal office of this corporation in the State of Florida is 4601 Sheridan Street, Suite 301, Hollywood, Florida 33021.

## ARTICLE VII - MANAGEMENT

The business of the corporation shall be managed by the Stockholders of the corporation rather than by a Board of Directors.

# ARTICLE VIII - SUBSCRIBER -

The name and address of the initial subscriber to these Articles of Incorporation and the number of shares outstanding are:

Name and Address
Emergency Physician Placement
Services, Inc.
4601 Sheridan Street, Suite 301
Hollywood, Florida 33021

# <u>Shares</u>

1000

#### OFFICERS

The name and address of the officers of this corporation are as follows:

Name and Address Zachary Broch 1204 Johnson Street Hollywood, Florida 33019 Office

President, Treasure, Secretary and Vice President

IN WITNESS WHEREOF, We, the subscribers, have executed these Articles of Incorporation this 21 day of January, 2003.

Zachady Broch, PRESIDENT

STATE OF FLORIDA COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared Zachary Broch to me well known and known by me to be the individuals described in and whom executed the foregoing Articles of Incorporation, and he has acknowledged before me that they executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto affixed my hand and official seal this 21 day of January, 2003.

NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

My commission expires:



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUES, THE FOLLOWING IS SUBMITTED:

FIRST--THAT EPS OF Clay County Hospita, INC., DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF HOLLYWOOD, STATE OF FLORIDA, HAS NAMED Zachary Broch LOCATED AT 4601 SHERIDAN STREET, SUITE 301, CITY OF HOLLYWOOD, STATE OF FLORIDA, 33021, AS ITS RESIDENT AGENT TO ACCEPT SERVICE OF FROCESS WITHIN FLORIDA.

| SIGNATURE_ | Mrol               |
|------------|--------------------|
|            | CORPORATE OFFICER) |
| TITLE      | President          |
| DATE_      | · -                |

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED ORGANIZATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

| SIGNATURE | - as          | And    |            |       |
|-----------|---------------|--------|------------|-------|
|           | ZACHARY       | BROCH, | REGISTERED | AGENT |
|           | 4             |        |            |       |
| DATE_     | <u>——//2/</u> | 50/    | <u> </u>   |       |
|           | ,             | r      |            |       |

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SECRETARY OF STATE