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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/25/03--01053--021 **78.75

Professional Business & Tax Services, Inc.
9141 CYPRESS GREEN DRIVE, SUITE 2
JACKSONVILLE, FL 32256
PH: 904-733-1150 FAX: 904-730-4159

April 22, 2003

Department of State
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

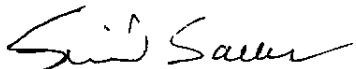
Dear Sir/ Madam:

Attached is the Articles of Incorporation for the organization named D. Saha, M.D., P.A.

A check for \$ 78.75 is attached in payment of filing fees along with a preaddressed express mail envelope for returning the same.

Thank you for your attention.

Sincerely,


Sunil Sarkar



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 29, 2003

PROFESSIONAL BUSINESS & TAX SERVICES, INC.
9141 CYPRESS GREEN DRIVE
SUITE 2
JACKSONVILLE, FL 32256

SUBJECT: D. SAHA, M.D., P.A.
Ref. Number: W03000012120

We have received your document for D. SAHA, M.D., P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Complete the address in ARTICLE II.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 003A00025893

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ARTICLES OF INCORPORATION

03 MAY 12 PM 4:02

OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SAHA, M.D., P.A.

We the undersigned, hereby associate ourselves for the purpose of forming a Professional corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida, providing for the formulation, liability, rights and privileges and immunities for a professional corporation.

ARTICLE I - NAME

The name of the corporation shall be D. SAHA, M.D., P.A.

ARTICLE II – PRINCIPAL OFFICE

The principal office and mailing address of this corporation shall be situated at 7901 BAYMEADOWS CIRCLE, EAST # 434, JACKSONVILLE, FL 32256

ARTICLE III - CAPITAL STOCK

The total authorized capital stock of this corporation shall be 10,000 divided into a maximum of 10,000 shares, which shall of common stock of par value of \$1 each, fully paid and non assessable.

ARTICLE IV –INITIAL REGISTERED AGENT

The street address of this corporation's initial reregistered office will be at 7901 BAYMEADOWS CIRCLE EAST # 434, JACKSONVILLE, FL 32256 and its initial registered agent will be DEBABRATA SAHA such address.

ARTICLE V – SPECIFIC PURPOSE

The purpose of this professional corporation is to provide healthcare services in the field of medicine.

ARTICLE VI - CAPITAL

The amount of capital with which the corporation shall commence business shall not be less than \$ 1,000.00.

ARTICLE VII- INCORPORATOR

The name and street address of the incorporator:

NAME

ADDRESS

DEBABRATA SAHA

7901BAYMEADOWS CIRCLE EAST # 434

JACKSONVILLE, FL 32256

ARTICLE VIII - STOCK SUBSCRIBERS

The name and street address of subscriber of stock is:

NAME

ADDRESS

DEBABRATA SAHA

7901 BAYMEADOWS CIRCLE EAST # 434

JACKSONVILLE, FL 32256

ARTICLE IX

The undersigned incorporator has executed these Articles of Incorporation this 4th day of May 2003.

A handwritten signature in black ink, appearing to read 'Debabrata Saha', written over a horizontal line.

Signature of Stock Subscriber

CERTIFICATE DESIGNATING

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of Section 607. 0501, Florida Statutes, the undersigned Corporation, organized under the law of the State of Florida, submits the following statements in designating the registered office / registered agent, in the state of Florida.

1. The name of the Corporation is D. SAHA, M.D., P.A.
2. The name of the registered agent and office address is:

DEBABRATA SAHA, M.D
7901 BAYMEADOWS CIRCLE EAST # 434
JACKSONVILLE, FL 32256

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 ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



(Registered Agent)

DATE

05-04-03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAY 12 PM 4:02

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