

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000010921 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : MCLIN, BURNSED, MORRISON, ET AL

Account Number: 104657003604
Phone: (352)787-1241
Fax Number: (352)753-0496

FLORIDA PROFIT CORPORATION OR P.A.

Phoenix Wound Care, P.A.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Biling Menu.

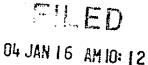
Composate Filing

Bublic Access Halp.

1/22/04

Ø1002

(((H04000010921 3)))



ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

PHOENTX WOUND CARE, P.A.

The undersigned, being licensed and authorized to practice wound care by and within the State of Florida and acting as incorporator of a corporation under the Professional Service Corporation Act (Chapter 621, Florida Statutes), adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of this corporation is Phoenix Wound Care, P.A.

ARTICLE II. PRINCIPAL OFFICE OR MAILING ADDRESS OF CORPORATION

The principal office and mailing address of this corporation is: 9772 S.W. 46th Court, Ocala, Florida 34476.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Five thousand (5,000) shares of common stock all of one class, having a nominal or par value of ONE CENT (\$.01) per share.

None of the shares of the professional services corporation may be issued to anyone other than an individual duly licensed and/or certified to practice wound care in the State of Florida, or to a professional limited liability company authorized to render wound care services in the State of Florida.

ARTICLE IV. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 9772 S.W. 46th Court, Ocala, Florida 34476. The name of the initial registered agent of this corporation at that address is Larry Cubi.

(((H04000010921 3)))

ARTICLE V. INCORPORATOR

The name and address of the person signing these Articles of Incorporation is Larry Cubi, 9772 S.W. 46th Court, Ocala, Florida 34476.

ARTICLE VI. PURPOSE

The purpose for which this corporation is formed is to engage in every aspect of the practice of wound care. In addition, the corporation may invest the funds of the professional service corporation in real estate, mortgages, stocks, bonds, or any other type of investment, and own real and personal property necessary for the rendering of professional services.

ARTICLE VII. INDEMNIFICATION

The corporation shall indemnify any person to the full extent permitted by law.

ARTICLE VII, RESTRAINT ON ALIENATION OF SHARES

The sharcholders of the professional service corporation shall have the power to include in the bylaws, or by separate agreement adopted by a majority of the shareholders of the professional service corporation, any regulatory or restrictive provisions regarding the proposed sale, transfer, or other disposition of any of the outstanding stock of the professional service corporation by any of its shareholders, or in the event of the death of any of its shareholders. The manner and form, as well as the relevant terms, conditions, and details, of the disposition shall be determined by the shareholders of the professional service corporation; provided, however, that such regulatory or restrictive provisions shall not affect the rights of third parties without actual notice of the provisions unless the existence of the provisions is plainly noted on the certificate evidencing the ownership of such stock. No shareholder of the professional service corporation may sell or transfer stock in the corporation except to another individual who is eligible to be a shareholder of the professional service corporation, and the sale or transfer may be made only after it has been approved at a shareholder meeting especially called for that purpose. If any shareholder becomes legally disqualified to practice wound care in the State of Florida or accepts employment that places

(((H04000010921 3)))

restrictions or limitations on the continuous rendering of such professional services, that shareholder's shares of stock shall immediately become subject to purchase by the professional service corporation in accordance with the bylaws adopted by the shareholders.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 16th day of 2004.

Larry Cubi, Incorporator

ACCEPTANCE BY REGISTERED AGENT:

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

Larry Cubi

STATE OF FLORIDA COUNTY OF LAKE

NOTARY PUBLIC-STATE OF FLORIDA

(Signature of Notary)

VIVIAN M. GRETCO

Typed name of Notary)

[SEAL]

*

VIVIAN M. GRECCO MY COMMISSION # DD 196934 EYEIDES: Juna 20, 2007 /

EXPIRES: June 30, 2007

(Commission Number)

JAN 16 AM 10: 1: