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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

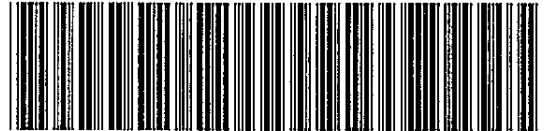
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2004 MAR 16 AM 7:54  
STATE  
TALLAHASSEE, FLORIDA

3/20/04



March 12, 2004

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

Dear Division of Corporations:

Healthcare Facilitators has been requested by Eric J Hochman MD P.A to forward the attached executed Articles of Incorporation as well as payment for incorporation.

If you have any questions or require additional information, please contact my office.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Fran LaVallette". The signature is fluid and cursive, with a long horizontal stroke at the end.

Fran LaVallette  
Facilitator

2004 MAR 16 AM 7:54  
TALLAHASSEE FLORIDA

## 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:

Eric J Hochman MD P.A

2004 MAR 16 AM 7:54  
TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11181 Health Park Boulevard  
Suite 2277  
Naples, Florida 34110

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical practice

### 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):

Eric J Hochman MD  
11181 Health Park Blvd Suite 2277  
Naples, FL 34110

### ARTICLE VI REGISTERED AGENT

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

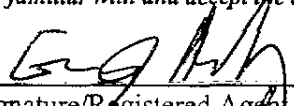
Eric J Hochman MD  
11181 Health Park Blvd Suite 2277  
Naples, FL 34110

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eric J Hochman MD  
11181 Health Park Blvd Suite 2277  
Naples, FL 34110

\*\*\*\*\*  
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/Registered Agent

3/3/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3/3/04  
\_\_\_\_\_  
Date