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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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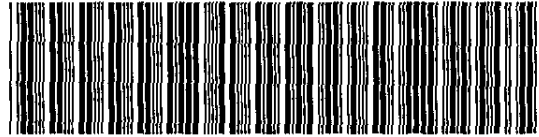
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 12/29

CT CORPORATION

December 29, 2004

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 6270310 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

~~Sebring HMA Physician Management, Inc. (FL)~~
~~Sebring HMA Physician Management, Inc. (FL)~~

Sebring HMA Physician Management, Inc. (FL)
Incorporation
Florida

~~Sebring HMA Physician Management, Inc. (FL)~~
~~Incorporation~~
~~Florida~~

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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:

Sebring HMA Physician Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5811 Pelican Bay Boulevard, Suite 500
Naples, FL 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any and all lawful business for which corporations may be incorporated.

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Timothy R. Parry, Senior V.P., Secretary and Director, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
James A. Barber, President, CEO and Director, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
Stephen L. Midkiff, Vice President and Director, 13695 US Highway 1, Sebastian, FL 32958
J. Randall Moglia, Treasurer, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Timothy R. Parry
5811 Pelican Bay Boulevard, Suite 500
Naples, FL 34108

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

PETER F. SOUZA
ASSISTANT SECRETARY

Signature/Registered Agent

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA