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**Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Lake Mary Family Physicians P. A.

~~Lake Mary Family Physicians P. A., Inc.~~

Certificate of Status	0
Certified Copy	0
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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 27, 2005

AIA CORPORATE SERVICES, INC.

SUBJECT: LAKE MARY FAMILY PHYSICIANS P.A., INC.
REF: W05000004234

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please take one of the corporate suffixes out of your name; you cannot have P. A. and Inc.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Document Specialist
New Filings Section

FAX Aud. #: H05000021332
Letter Number: 105A00005599

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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:

LAKE MARY FAMILY PHYSICIANS P. A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

910 WILLISTON PARK POINT SUITE 2050
LAKE MARY, FL 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to provide medical care to the residents of Lake Mary and surrounding communities and to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers:

Director, President & Treasurer:

EDWARD JOHN MAGEE M.D.
744 SENECA MEADOWS RD.
WINTER SPRINGS , FLORIDA 32708

Director, Vice-President & Secretary:

KRISTY JO MAGEE M.D.
744 SENECA MEADOWS RD.
WINTER SPRINGS, FLORIDA 32708

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

EDWARD JOHN MAGEE M.D.
744 SENECA MEADOWS RD.
WINTER SPRINGS, FLORIDA 32708

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

EDWARD JOHN MAGEE M.D.
744 SENECA MEADOWS RD.
WINTER SPRINGS, FLORIDA 32708

Having been named as registered agent to accept service of process for the above 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.



EDWARD JOHN MAGEE M.D. / Registered Agent

1/25/05

Date



EDWARD JOHN MAGEE M.D. / Incorporator

1/25/05

Date

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