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FLORIDA PROFIT CORPORATION OR P.A.

West Coast Family Practice, Inc.

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44 2/22

ARTICLES OF INCORPORATION
OF
West Coast Family Practice, Inc.

The undersigned incorporator, for the purposes of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be : West Coast Family Practice, Inc.

The principal place of business of this corporation shall be:

5101 E. Busch Blvd Suite 4
Tampa, Fl. 33617

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1,000
having a par value of \$1.00.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The names and street address of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successors are elected, are:

Gail M. Sadler

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ARTICLE VI INCORPORATOR

NAME

Gail M. Sadler

OFFICE

President

ADDRESS

5101 E. Busch Blvd. #4
Tampa, Fl. 33617

IN WITNESS WHEREOF, the undersigned incorporators have executed
these

Articles of Incorporation this 9th day of February, 2005

Signature of Incorporator


Gail M. Sadler

REGISTERED AGENT/REGISTERED OFFICE
CERTIFICATE OF DESIGNATION

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation: West Coast Family Practice, Inc.
2. The name and address of the registered agent and office:

Gail M. Sadler
5101 E. Busch Blvd #4
Tampa, Fl. 33617

SIGNATURE: Gail M. Sadler
Gail M. Sadler

TITLE: President

DATE: February 9, 2005

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN
THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THE PROVISIONS
OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: Gail M. Sadler
Gail M. Sadler

DATE: February 9, 2005

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