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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

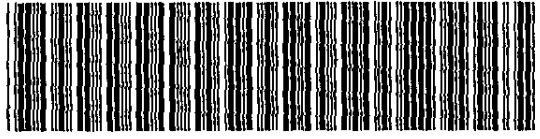
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 31 PM 3:36

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MICHELLE M. ZENKO, M.D., P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MICHELLE M. ZENKO
Name (Printed or typed)

4851 OCEAN FOREST LANE
Address

FERNANDINA BEACH, FL 32034
City, State & Zip

904-321-3566
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

MICHELLE M. ZENKO, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4851 OCEAN FOREST LANE
FERNANDINA BEACH, FL 32034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A PHYSICIAN PROVIDING MEDICAL SERVICES.

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHELLE M. ZENKO, PRESIDENT
4851 OCEAN FOREST LANE
FERNANDINA BEACH, FL 32034

ARTICLE VI REGISTERED AGENT

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

MICHELLE M. ZENKO
4851 OCEAN FOREST LANE
FERNANDINA BEACH, FL 32034

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHELLE M. ZENKO
4851 OCEAN FOREST LANE
FERNANDINA BEACH, FL 32034

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

X Michelle M Zenko
Signature/Registered Agent

1/26/2006
Date

X Michelle M Zenko
Signature/Incorporator

1/26/2006
Date