

P06000098873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

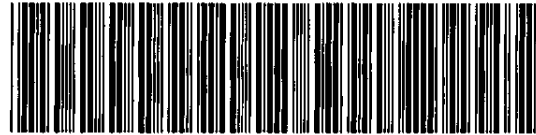
(Business Entity Name)

(Document Number)

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

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07/26/06--01014--019 \*\*78.75

RECEIVED

06 JUL 26 AM 11:11

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

06 JUL 26 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CT  
1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

850 222 1092 tel  
850 222 7615 fax  
www.ctlegalsolutions.com

July 26, 2006

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 6695074 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Bartow HMA Physician Managaement, Inc. (FL)  
Incorporation  
Florida

Bartow HMA Physician Managaement, Inc. (FL)  
Certificate of Status/Authorization-Domestic  
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.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

# 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:

Bartow 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):

James A. Barber, Director and President, 5811 Pelican Bay Boulevard, Suite 500 Naples, FL 34108

J. Randall Moglia, Treasurer, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108

Timothy R. Parry, Director, Senior Vice President and Secretary, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108

Ann M. Barnhart, Director and Vice President, 40100 US Highway 27, Davenport, FL 33837

## **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

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*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*

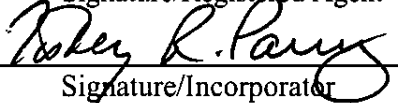
Barbara A. Burke  
Special Assistant Secretary



Signature/Registered Agent

7/17/06

Date



Signature/Incorporator

7/17/06

Date

Timothy R. Parry