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PICK-UP	WAIT	MAIL
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

10/04/06--01024--004 **78.75

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE DIVISION OF CORPORATION





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

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

October 4, 2006

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

Re:

Order #: 6749534 SO

Customer Reference 1: none given

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

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

HMA Physician Practice Management, 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 intriediate at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley.Mitchell@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:

HMA Physician Practice Management, Inc.

ARTICLE II PRINCIPAL OFFICE

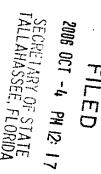
The principal place of business/mailing address is:

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, President, CEO and Director, 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, Senior Vice President, Secretary and Director, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
Craig A. Dunker, Vice President and Director, 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 <u>name and address</u> 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

Barbara A. Burke
Special Assistant Secretary

Date

9-21-06

Signature/Incorporator