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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 immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley.Mitchell@wolterskluwer.com

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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:

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 name and address 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*

Barbara A. Burke  
Special Assistant Secretary

Signature/Registered Agent

*Timothy R. Parry*

Signature/Incorporator

Timothy R. Parry

Date

9-21-06

Date

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TALLAHASSEE, FLORIDA