

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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07 APR 10 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Wauchula HMA Physician Management, Inc.

Certificate of Status	1
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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:

Wauchula 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 cage 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, Director, Senior VP and Secretary, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
Joshua S. Poner, Director, Vice President, 2500 Harbor Boulevard, Port Charlotte, FL 33952
Gary S. Bryant, Assistant Treasurer, 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108
Kathleen K. Holloway, Assistant Secretary, 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

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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

C T Corporation System	<i>Barbara A. Burke</i>	<i>4/9/07</i>
Signature/Registered Agent	Barbara A. Burke	Date
<i>Timothy R. Parry</i>	Special Assistant Secretary	4/9/07
Signature/Incorporator		Date
Timothy R. Parry		