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Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

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FLORIDA PROFIT/NON PROFIT CORPORATION PROVITA PHYSICIAN GROUP CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is

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ARTICLE	VI INCO	RPORATO	OR: The nar	ne and address o	f the Incorporat	or is: _
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Required Signatures:

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

Registered Agent Date 3/15/2002

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Incorporator Date

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