

DAVID A. FONTES, LL.M. **700001366187**
ONE TAMPA CITY CENTER, SUITE 2600 - TAMPA, FLORIDA 33602 (813) 222-0232

December 28, 1994

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Sirs:

Enclosed please find an original and one (1) copy of the Articles of Incorporation of FELDMAN URBAN ASSOCIATES, P.A. Also enclosed is a check in the amount of \$122.50. Please send the certified copy to me at the address above. If there are any questions, please contact me at the telephone number above.

Thank you in advance for your time and attention to this matter.

Sincerely,
David A. Fontes
David A. Fontes, LL.M.
Attorney-at-Law

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TALLAHASSEE, FLORIDA
12/30/94
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EFFECTIVE DATE
1-1-95

DAVID A. FONTES GAVE
AUTHORIZATION BY PHONE TO
CORRECT INCORPORATION
DATE 1-3-95
DOC. EXAM. MP3

mp3
Fontes

1511 SW 1st Ave
DEALER
34412

95 JAN -3 AM 11:38
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
1-1-95

ARTICLES OF INCORPORATION
OF
FELDMAN URBAN ASSOCIATES, P.A.

95 JAN - 8 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The undersigned Subscriber hereby makes, subscribes, acknowledges, and files with the Secretary of State of the State of Florida these Articles of Incorporation, for the purpose of forming a professional corporation under the Florida Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes.

ARTICLE I - NAME

The name of this corporation is FELDMAN URBAN ASSOCIATES, P.A.
1511 S.W. 1st Ave., Ocala, FL 34472

ARTICLE II - NATURE OF BUSINESS

This professional service corporation is organized for the following purposes:

(a) To engage solely and specifically in the business of carrying on the practice of medicine and to do all things in connection therewith that are customarily done by licensed doctors of medicine under the laws of the State of Florida.

(b) To own real or personal property necessary for the rendering of the above professional services.

(c) To invest its funds in real estate, mortgages, stocks, bonds or other types of investments.

(d) In general, to have and exercise all powers conferred by the laws of the State of Florida upon professional service corporations, and to do any and all things hereinabove set forth to the same extent as a natural person might or could do.

ARTICLE III - REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of this corporation in the State of Florida is 201 North Franklin Street, Suite 2600, Tampa, Florida, 33602; and the initial registered agent is David A. Fontes. The Board of Directors may, from time to time, move the location of the registered office to any other address in the State of Florida, and may, from time to time, change the registered agent of this corporation.

ARTICLE IV - COMMENCEMENT AND TERM OF EXISTENCE

This corporation will commence existence on January 1, 1995, and exist perpetually thereafter, unless dissolved according to law.

ARTICLE V - CAPITAL STOCK

(a) This corporation is authorized to issue One Thousand (1,000) shares of \$1.00 par value common stock.

(b) Each shareholder must be duly licensed or otherwise legally authorized to practice medicine in the State of Florida.

(c) No shareholder shall enter into a voting trust agreement or any other type agreement vesting another person with the authority to exercise the voting power of any or all his stock.

ARTICLE VI - DIRECTORS

The number of Directors of this corporation shall be not less than one (1). The number of Directors may be diminished or increased from time to time by the By-Laws adopted by the Stockholders, but shall never be less than one (1).

ARTICLE VII - INITIAL DIRECTORS

The initial Board of Directors shall consist of two (2) members, whose names and street addresses are as follows:

Paul L. Urban	Robert L. Feldman
1511 S. W. 1st Avenue	1511 S. W. 1st Avenue
Ocala, Florida 34474	Ocala, Florida 34474

ARTICLE VIII - INCORPORATOR

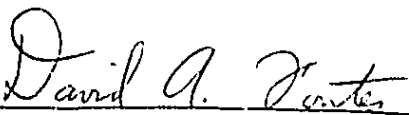
The name and street address of the incorporator are as follows:

David A. Fontes
201 North Franklin Street, Suite 2600
Tampa, Florida 33602

ARTICLE IX - AMENDMENTS OF ARTICLES OF INCORPORATION

The corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by statute, and all rights conferred upon the stockholders herein are subject to this reservation.

IN WITNESS WHEREOF, the undersigned has made, subscribed and acknowledged these Articles of Incorporation, this 28th day of December, 1994.



David A. Fontes

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, on this 28th day of December, 1994, personally appeared David A. Fontes, to me well known or who has produced a drivers license as identification and known to be the person described in, and who signed the foregoing Articles of Incorporation, and acknowledged to me that he executed the same freely and voluntarily, for the uses and purposes therein expressed.

WITNESS MY HAND AND OFFICIAL SEAL on the date, and in the county and state hereinabove stated.



BILLI JOHNSON GRIFFIN
My Comm. Exp. 4/02/98
Bonded By Service Ins
No. CC353553
[[Personally than]] [[Unltd]]

Billi Johnson-Griffin

NOTARY PUBLIC - STATE OF FLORIDA

Printed Name Billi Johnson-Griffin

MY COMMISSION EXPIRES: 7/2/98

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is FELDMAN URBAN ASSOCIATES, P.A.
2. The name and address of the registered agent and office are:

David A. Fontes
201 N. Franklin Street
Suite 2600
Tampa, FL 33602

Signature David A. Fontes
Title INCORPORATOR
Date 12/28/94

ACKNOWLEDGMENT:

Having been named as registered agent and to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Executed this 28TH day of December, 1994.

By: David A. Fontes
David A. Fontes
Registered Agent

FILED
95 JAN -3 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT:

471594

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OFFICE USE ONLY

UCC FILING & SEARCH SERVICES

(Requestor's Name)

526 EAST PARK AVENUE SUITE 200

(Address)

TALLAHASSEE, FL 32301 (904) 681-6528

(City, State, Zip) (Phone #)

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OFFICE USE ONLY

95 JAN 26 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Feldman Urban Associates PA. (Corporation Name) Amend (Document #)

2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

FUSH

Walk in Pick up time _____

Certified Copy

Mail out Will wait

Photocopy

Certificate of Status

CERTIFICATE OF GOOD STANDING

ARTICLES ONLY

ALL CHARTER DOCS

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

- Certificate of FICTITIOUS NAME
- FICTITIOUS NAME SEARCH
- CORP SEARCH

HOLD FOR PICKUP BY UCC SERVICES

Examiner's Initials

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION
OF

FELDMAN URBAN ASSOCIATES, P.A.

FILED
26
JUN 26 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.1006 of the Florida General Corporation Act, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is FELDMAN URBAN ASSOCIATES, P.A.
2. The following amendment of the Articles of Incorporation was adopted by the incorporator of the corporation pursuant to its authority under Section 607.1005:

ARTICLE V - CAPITAL STOCK

(a) This corporation is authorized to issue Two Hundred (200) shares of Class A voting common stock and Eight Hundred (800) shares of Class B non-voting common stock, and all shares have a \$1.00 par value.

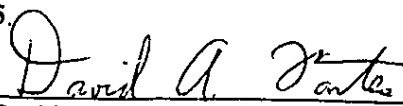
(b) Each shareholder must be duly licensed or otherwise legally authorized to practice medicine in the State of Florida.

(c) No shareholder shall enter into a voting trust agreement or any other type agreement vesting another person with the authority to exercise the voting power of any or all of his stock.

3. The date of adoption of the amendment by the incorporator was June 21, 1995. Shareholder action was not required.

4. The amendment will be effective upon filing.

Executed this 23 day of June, 1995



David A. Fontes, Incorporator

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, on this 23rd day of June, 1995, personally appeared David A. Fontes, to me well known or who has produced a drivers license as identification and known to be the person described in, and who signed the foregoing Articles of Amendment, and acknowledged to me that he executed the same freely and voluntarily, for the uses and purposes therein expressed.

WITNESS MY HAND AND OFFICIAL SEAL on the date, and in the county and state hereinabove stated.



BILLI JOHNSON GRIFFIN
My Comm Exp. 4/02/98
Bonded By Service Ins
No. 00353553
||Printed Name ||Check

Billi Johnson Griffin

NOTARY PUBLIC - STATE OF FLORIDA

Printed Name Billi Johnson-Griffin

MY COMMISSION EXPIRES: _____