PS00005706 TRANSMITTAL LETTER

SS JAN -S PH 2: 04
TALLAHASSEE, FLORID.

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

EFFECTIVE DATE

1-1-95

SUBJECT: YAWER M. NENSEY M.D., P.A.

(Proposed corporate name - must include suffix)

Enclosed is an original a for:	and one (1) copy of the articl	es of incorporation and a check			
STO.00 Filing Fee CHECK SEN	Filing Fee & Certified C	Filing Fee.			
FROM: YAWER M. NENSEY Name (printed or typed)					
	6719 GALL Address	BLUD SUITE 203			
10 624,630,671	ZEPHYRHILLS F City, State & Zip	FL 33541			
89,624,630,671 N95-374	(813) 780-8620 Daytime Telephone num	ber			

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 6, 1995

YAWER M. NENSEY, M.D. 6719 GALL BOULEVARD SUITE 203 ZEPHYRHILLS, FL 33541

SUBJECT: YAWER M. NENSEY M.D., P.A. Ref. Number: W95000000374

We have received your document for YAWER M. NENSEY M.D., P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ARTICLES OF INCORPORATION MUST BE PREPARED IN COMPLIANCE WITH SECTION 607.0202 AND 621 OF THE FLORIDA STATUES. SEE INFORMATION ENCLOSED.

The specific nature of business of the professional association must be stated in the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

Florida Dept. of State, Division of Corporations P.O. box 6327 Tallahassee, Fl. 32314

Attn. Ms. Dorris Brown.

Ms. Brown,

I am enclosing the application for incorporation. As I explained over the phone we had received our new EIN # on January 1 and we had put it in the computer for billing purposes. Therefore I would request you to put January 1, 1995 as the effective date for the corporation. If you have any questions please call me at 813-780-8620.

Thank you for your help.

Yours sincerely

Tasneem Y. Nensey

EFFECTIVE DATE ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

M NENSEY, M.D., P.A. YAWER

SS SAN S PH 2:04

Purpose of Corporation: Medical office for the Practice of Gagtro Enterology Medicine.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6719 GALL BLUD SUITE 203 ZEPHYRHILLS FL 33541

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Ten Thousand shares (10 000) (par volue \$ 1.00 a share)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

YAWER M. NENSEY 6719 GALL BLVD. SHITE 203 ZEPHYRHILLS FL 33541

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

YAWER M. NENSEY 6719 GALL BLVD. SUITE 203 ZEPHYRHILLS FL 33541

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

| 10 | day of | JAN | , 19 95 | .

| Signature |

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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	e of the corporation	on is: YAWER	M NENSEY	m.D., P.A.	
				56.0	
2. The name	e and address of	the registered ag	ent and office is:	5 77	
	YAWER	M. NENS	£Y	SSEE THE	
		(Name)		15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	6719 G	ALL BLVZ	SUITE 20	13 SEF	
(P.O. Box not acceptable)					
	ZEPHYK	RHILLS F	EL 33541		
(City/State/Zip)					

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 fur her 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.

(Date)