79500004/354 N. JOHN STEWART, JR., P.A.

ATTORNEY AT LAW 5435 MAIN STREET NEW PORT RICHEY, FLORIDA 34652

TELEPHONE (813) 847-1115 FAX: (813) 847-1219

May 17, 1995

SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS OF CORPORATIONS OF CORPORATIONS

Secretary of State Corporate Division P.O. Box 6327 Tallahassee, FL 32314

RE: PRIMARY MEDICAL CARE ASSOCIATES, INC.

400001496614 -05/23/95--01071--004 ****122.50 ****122.50

Dear Sir:

Enclosed please find an original and duplicate original of the Articles of Incorporation of Primary Medical Care Associates, Inc., together with designation of registered agent. Also enclosed is my check in the amount of \$122.50 which is calculated as follows:

Filing Fee	\$ 35.00
Certified Copy (copy furnished)	52.50
Registered Agent Designation	 35.00
	\$ 122.50

I would appreciate your certifying and returning the duplicate Articles of Incorporation enclosed, if you find same to be in proper order.

Thank you for your help and cooperation in this mater and, I am,

Very cordially yours,

JOHN STEWART, JR. P.

John Stewart

NJS/jh Encl.

ARTICLES OF INCORPORATION

OF

PRIMARY MEDICAL CARE ASSOCIATES, INC.

ARTICLE I

NAME

The name of this corporation is: PRIMRY MEDICAL CARE ASSOCIATES, INC.

ARTICLE II

DURATION

This corporation shall exist perpetually, commencing on the date of filing and acceptance by the Secretary of State in and for the State of Florida.

ARTICLE III

PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the laws of the State of Florida.

ARTICLE IV

CAPITAL STOCK

This corporation is authorized to issue One Hundred (100) shares of One (\$1.00) Dollar par value common stock which shall be designated "Common Shares", consisting of one class only.

ARTICLE V

ADDRESS

The street address of the main office of this corporation is 4209 Topsail Trail, New Port Richey, Florida 34652 and the name of the initial Registered Agent of this corporation at that address is HAIDER A. KAHN.

ARTICLE VI

INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) Director initially; the number of Directors may be increased from time to time by the By-Laws. The name and address of the initial Director of this corporation is:

NAME

ADDRESS

HAIDER A. KAHN

4209 Topsail Trail New Port Richey, FL 34652

ARTICLE VII

SUBSCRIBERS

NAME

ADDRESS

HAIDER A. KAHN

4209 Topsail Trail New Port Richey, FL 34652

ARTICLE VIII

<u>INDEMNIFICATION</u>

This corporation shall indemnify any Officer or Director or any former Officer or Director to the full extent permitted by law.

ARTICLE IX

AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscribed has executed these Articles of Incorporation on this /6 day of May, 1995.

WITNESSES:

Charlotte A. Elze

STATE OF FLORIDA COUNTY OF PASCO

NOTARY PUBLIC:

Sign_

Print PHYLLIS State of Florida at Large (Seal) Commission No. <u>Ce171194</u>
My Commission Expires:

Gradien Vinterioria Martini de la compania Vinterioria de la compania Martini de la compania Martini de la compania

CERTIFICATE DESIGNATING INITIAL REGISTERED OFFIC FOR THE SERVICE OF PROCESS WITHIN THIS STATE 95 MAY 22 PM 2:30 NAMING REGISTERED AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 607.034, Florida Statutes, the following is submitted in compliance with said act:

First - PRIMARY MEDICAL CARE ASSOCIATES, INC., being organized under the laws of the State of Florida with its principal office at 4209 Topsail Trail, New Port Richey, Florida 34652, has named Haider A. Kahn, located at said address, as its agent to accept service of process within this State, and 4209 Topsail Trail, New Port Richey, Florida 34652 is designated as the registered office of PRIMARY MEDICAL CARE ASSOCIATES, INC.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity.

Defect & A. Kahn

GOLHAYS STREET



ACCOUNT NO.

: 072100000032

REFERENCE

111248

4334907

AUTHORIZATION

COST LIMIT

ORDER DATE: October 7, 1996

ORDER TIME :

9:45 AM

ORDER NO. : 111248

CUSTOMER NO:

4334907

60000198928

CUSTOMER:

Ms. Bettye Daugherty

Columbia/hca Healthcare

P.o. Box 550 One Park Plaza

Nashville, TN 37202

CHANGE OF AGENT

NAME:

PRIMARY MEDICAL CARE

ASSOCIATES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Thelmon Washington

N. HENDRICKS CCTI 1 0 1996

DIVISION OF CCRFORATION 0CT -9 /H II: 05

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	egistered agent, or both, in The name of the corporation PRIMARY MEDICAL CARE A	n is:	
1b.	Date of incorporation	1/1/80 Document number P9500	<u> </u>
2.	The name and address of	he current registered agent and office: 문문	
	ER A. KAHN	4209 TOPSAIL TRAIL	سيال
<u>NEW</u>	PORT RICHEY	FLORIDA 34652~	
3. T	(P.O. Box Not Acce	proprietion System, Inc.	5 5
	1201 Hays Street		
The of it		red agent and the street address of the business of will be identical.	
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CR2E045 (7-91)

FILING FEE: \$35.00