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TALLAHASSEE, FL 32301
904-222-0393 FAX
FILED



95 JUN -6 AM 9 54
SECRETARY OF STATE
TALLAHASSEE, FL 32301

ACCOUNT NO. : 0721000000032

REFERENCE : 610156 81106A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : June 5, 1995

ORDER TIME : 3:12 PM

ORDER NO. : 610156

CUSTOMER NO: 81106A

CUSTOMER: Gary B. Goldman
DAVID E. GOLDMAN, ESQ

Suite 103
2630 N.e. 203rd Street
N. Miami Beach, FL 33180

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***122.50 ***122.50

DOMESTIC FILING

NAME: J AND G MEDICAL MANAGEMENT,
INC.

XXX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

NANCY HENDRICKS JUN - 7 1995

EXAMINER'S INITIALS: _____

ARTICLES OF INCORPORATION
OF
J AND G MEDICAL MANAGEMENT, INC.

FILED
95 JUL -6 AM 9:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

CORPORATE NAME

The name of the corporation shall be: J AND G MEDICAL MANAGEMENT, INC.

ARTICLE II

GENERAL NATURE OF BUSINESS

The general nature of the business and the objects and purposes proposed to be transacted and carried on, are to do any and all activities or businesses permitted under the laws of the United States and of this State, as fully and to the same extent as natural persons might or could do.

ARTICLE III

CAPITAL STOCK

The maximum number of shares which the corporation is authorized to have outstanding at any time shall be TWO HUNDRED (200) common shares.

ARTICLE IV

AMOUNT OF CAPITAL TO BEGIN BUSINESS WITH

The amount of capital with which this corporation shall commence business shall be no less than Five Hundred (\$500.00) Dollars.

ARTICLE V

EXISTENCE OF CORPORATION

The existence of this corporation shall be perpetual unless sooner dissolved according to law.

ARTICLE VI

PRINCIPAL PLACE OF BUSINESS

The principal place of business of the corporation shall be located at 8910 Miramar Parkway, Suite 117, Miramar, Florida 33025.

ARTICLE VII

NUMBER OF DIRECTORS

The number of directors of this corporation shall be no less than two (2).

ARTICLE VIII

BOARD OF DIRECTORS

The names and post office addresses of the first Board of Directors and Officers of this corporation shall be:

Rufus Joseph, M.D.
6777 N.W. 7th Ave.
Miami, Florida 33150

Director/President/Treasurer

Kendris Garrett, M.D.
6777 N.W. 7th Ave
Miami, Florida 33150

Director/Secretary/Vice President

ARTICLE IX

POWERS

The directors of this corporation, in addition to the powers conferred by the laws of the State of Florida, shall have the power to make, alter, amend and repeal the By-Laws, and to set apart, out of any funds of the corporation available for dividends a reserve or reserves for any proper purpose, and to alter or abolish such reserve.

The corporation reserves the right to amend, alter, change, or repeal any provisions contained in this Certificate of Incorporation in any manner now or thereafter prescribed by law, and all rights conferred on officers, directors and stockholders herein granted subject to this reserve.

ARTICLE X

INCORPORATOR & REGISTERED AGENT

The incorporator of the within named corporation is GARY B. GOLDMAN. The registered agent of said corporation is GARY B. GOLDMAN, and the registered office shall be 2630 N.E. 203rd Street, Suite 103, North Miami Beach, Florida 33180.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this
2nd day of June, 1995.


GARY B. GOLDMAN, Incorporator

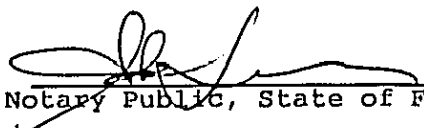
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated above, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper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


GARY B. GOLDMAN, Registered
Agent

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 2nd day of June, 1995, by GARY B. GOLDMAN, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

My Commission Expires:


Notary Public, State of Florida



ADA MARIA LEMUS
MY COMMISSION # CC288671 EXPIRES
May 18, 1997
BONDED THRU TROY FARM INSURANCE, INC.