

P95000046292  
TRANSMITTAL LETTER

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

SUBJECT: DOCTOR'S CARE OF STUART INC.  
(Proposed corporate name - must include suffix)

FILED  
95 JUN -9 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and a certificate for :

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate
- \$122.50 Filing Fee & Certified Copy
- \$131.25 Filing Fee, Certified Copy & Certificate

FROM: Nicholas Elliott  
Name (printed or typed)

7008 Charleston Oaks Dr. N.  
Address

Mobile, Al 36695  
City, State & Zip

334-607-0566  
Daytime Telephone number

500001510195  
-06/09/95--01089--007  
\*\*\*\*131.25 \*\*\*\*131.25

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

## 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 I NAME

The name of the corporation shall be:

DOCTOR'S CARE OF STUART INC.

### ARTICLE II PRINCIPAL OFFICE

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

11505 Tullamore St.  
Temple Terrace, Fl 33617

### ARTICLE III SHARES

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

10,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nicholas Elliott  
11505 Tullamore St.  
Temple Terrace, Fl 33617

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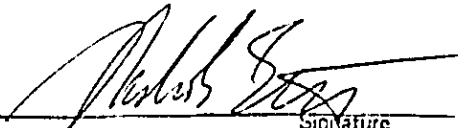
ARTICLE V INCORPORATOR(S)

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

Nicholas Elliott  
11505 Tullamore Street  
Temple Terrace, Florida 33617

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

6th day of June, 19 95.

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**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 of the corporation is: DOCTOR'S CARE OF STUART INC.

2. The name and address of the registered agent and office is:

Nicholas Elliott

(Name)

11505 Tullamore Street

(P.O. Box not acceptable)

Temple Terrace, Florida 33617

(City/State/Zip)

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*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.*

  
(Signature)

6/6/95

(Date)

P95000046292

ARTICLES OF MERGER  
Merger Sheet

MERGING: -----

DOCTOR'S CARE OF STUART INC., a Florida corporation, P95000046292

INTO

DOCTOR'S CARE MEDICAL CENTER, INC., a Florida corporation,  
P95000005734.

File date July 28, 1997

Corporate Specialist: Thelma Lewis