

1201 HAYS STREET
TALLAHASSEE, FL 32301
PHONE 904-222-9171
FAX 904-222-9171

800-342-8086



P9500070275

ACCOUNT NO. : 072100000032

REFERENCE : 678014 8784A

AUTHORIZATION :

COST LIMIT : \$ 70.00

Patricia Pizots

ORDER DATE : September 11, 1995

ORDER TIME : 8:45 AM

800001582788

ORDER NO. : 678014

CUSTOMER NO: 8784A

CUSTOMER: W. Denis Shelley, Esq
W. DENIS SHELLEY, ESQ

313 South Palmetto Avenue

Daytona Beach, FL 32114

EFFECTIVE DATE

10-1-95

DOMESTIC FILING

NAME: MARGARET G. CROSSMAN, M.D.,
P.A.

XXX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozer

EXAMINER'S INITIALS:

T. BROWN SEP 13 1995

FILED
95 SEP 12 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

10-1-95

FILED
95 SEP 12 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

MARGARET G. CROSSMAN, M.D., P.A.

The undersigned incorporator hereby forms a corporation under Chapter 621 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

MARGARET G. CROSSMAN, M.D., P.A.

The address of the principal office of this corporation shall be 4016A Nova Road, Port Orange, Florida 32127, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in every aspect of the business of rendering the same professional services to the public that a Medical Doctor, duly licensed under the laws of the State of Florida, is authorized to render. This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually. This Corporation shall have an effective date of October 1, 1995.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Margaret G. Crossman, M.D.	4016A Nova Road
Dir./Pres./Sec./Treas.	Port Orange, Florida 32127

ARTICLE VII. SPECIAL PROVISION

It is the intent of the Incorporator that the corporation will qualify under section 1244 of the Internal Revenue Code and shall take all actions necessary to obtain and maintain its status as an S corporation.

ARTICLE VIII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on September 12, 1995.

CORPORATION SERVICE COMPANY

By: Gail Shelby
Its Agent, Gail Shelby

FILED
95 SEP 12 AM 8:52
SECRET
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

By: Gail Shelby
Its Agent, Gail Shelby

KBR/kbr

420 HAYS STREET
TALLAHASSEE, FL 32301
904 222 9175
904 222 0101 FAX

800-342-8086



P95000070275

ACCOUNT NO. : 0721000000032
REFERENCE : 670014
AUTHORIZATION : *Patricia* 8704A
COST LIMIT : 9 35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 OCT -9 PM 3:31

FILED

ORDER DATE : September 11, 1995

ORDER TIME : 12:26 PM

500001604205

ORDER NO. : 670014

CUSTOMER NO: 8704A

CUSTOMER: W. Denis Shelley, Esq
W. Denis Shelley, Esq
313 South Palmetto Avenue
Daytona Beach, FL 32114

CHANGE OF AGENT

NAME: MARGARET G. CROSSMAN, M.D.,
P.A.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carol M. Hensal

FA Change
10/9/95
DC

Charter No. 95000070275

Date Filed 9-12-95

**STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT**

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: Margaret G. Crossman, M.D., P.A.,

2. The name and address of its present registered agent is:

CORPORATION SERVICE COMPANY
1201 Hays St.
Tallahassee, FL 32301

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

Margaret G. Crossman

4016 A Nova Rd.

Port Orange, FL 32127

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Signature



(President or Vice President)

Date 9/26/95

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name Margaret G. Crossman

Signature



(Agent)

Date

9/26/95

FILED
95 OCT -9 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA