P960000 340 86 TRANSMITTAL LETTER

SER IS HE BOIL

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

Enclosed is an original and one (1) copy of the articles of incorporation and a chec for :				
Filing Fee Filing Fee & Certificate & Certificate & Certificate & Certificate				
Additional Copy Required				
FROM: Chris Löpher D. Tannur M.D., P. A. Name (nanted or typed)				
Address c/o Emergency Dept. Panama City, FL 32405				
City, State & Zipl (904) 747 - 7900				
Daytime Telephone number				

Christopher D. Tanner M.D. 7. A.
(Proposod corporate name - must include suffix)

CHESSEA 200 1 9 1990

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 Horida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.
ARTICLE I NAME
The name of the corporation shall be: Christopher D. Tanner M.D., P. A.
The principal place of business and mailing address of this corporation shall be: 6ulf Coast Hospital 449 W. 23es St. Clo Emergacy Dept. Panama City, FL 32405 The purpose of this corporation is to promide medical services.
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time
is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Christopher D. Tanner M.D. 449 W. 23 0 St c/o Emergency Dept. Panama City, FL 32405

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Christopher D. Tanner M.D. 449 W. 23 ED St. c/o Emergency Dept. Panama City, FL 32405

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

21 day of Docember, 19 95.

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	_ Christopher D. To	
2. The name and address of the reg	istered agent and office is:	: 31 CRILL
Christ	topher D. Tanner M.D	o., P.A.
449 (r.o.)	(NAME) W. 23 ST ST. 40 8 Box of Mail Drop Box NOT ACCEPTABLE)	Emergency Dopt-
Pana	ma City FL 32405	_

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.

 $\frac{12/21/95}{\text{(SIGNATURE)}}$