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PLEASE REPLY TO:
POST OFFICE BOX 632056
ORLANDO, FLORIDA 32803-2056

July 15, 1996

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

ENCLOSURE 1 1511-641313
-07/17/96--01040--015
****122.50 ****122.50

Re: James W. Fuller, M.D., P.A.

Gentlemen:

Enclosed please an original and one (1) copy of the articles of incorporation for the above referenced corporation and a check in the amount of \$122.50 to cover your fees as follows:

Filing Fee	\$35.00
Certified Copy	52.50
Registered Agent	<u>35.00</u>
Total	\$122.50.

Please file the enclosed articles and send the certified copy to the undersigned at the above address.

Very truly yours,



Penny K. Jacobs

PKJ/mw
Enclosures

cc: Dr. and Mrs. James W. Fuller

FILED
JUL 17 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**ARTICLES OF INCORPORATION
OF
JAMES W. FULLER, M.D., P.A.**

FILED
95 JUL 17 PM 1:34
TALLAHASSEE, FLORIDA

The undersigned subscriber to these articles of incorporation, being duly licensed to practice medicine under the laws of the State of Florida, adopts these articles to form a corporation under the Professional Service Corporation Act, F.S. Chapter 621, and other laws of the State of Florida.

ARTICLE I - NAME

The name of the professional service corporation is **JAMES W. FULLER, M.D., P.A.**

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 8623 East Cresco Lane, Inverness, Florida 34450.

ARTICLE III - PURPOSE

The professional service corporation is formed to engage in every phase and aspect of the practice of medicine. In addition, the corporation may invest the funds of the professional service corporation in real estate, mortgages, stocks, bonds, or any other type of investment, and own real and personal property necessary for the rendering of professional services.

ARTICLE IV - TERM OF EXISTENCE

The professional service corporation shall have perpetual existence starting on the date these articles of incorporation are filed with the Florida Department of State.

ARTICLE V - CAPITAL STOCK

The aggregate number of shares which the professional service corporation shall have the authority to issue is Two Thousand (2,000) shares of Common Stock without par value.

None of the shares of the professional service corporation may be issued to anyone other than an individual duly licensed to practice medicine in the State of Florida.

ARTICLE VI - REGISTERED OFFICE AND AGENT

The address of the initial registered office of this professional service corporation is 8623 East Cresco Lane, Inverness, Florida 34450. The name of the initial registered agent at that address is James W. Fuller, M.D.

ARTICLE VII - INCORPORATOR

The name and street address of the sole incorporator for these Articles of Incorporation is: James W. Fuller, M.D., 8623 East Cresco Lane, Inverness, Florida 34450.

ARTICLE VIII - DIRECTORS

The business of the corporation shall be managed by its board of directors. The number of directors of the corporation shall be one (1). The name and address of the person who is to serve as the member of the initial Board of Directors of the Corporation is as follows:

James W. Fuller, M.D., 8623 East Cresco Lane, Inverness, Florida 34450

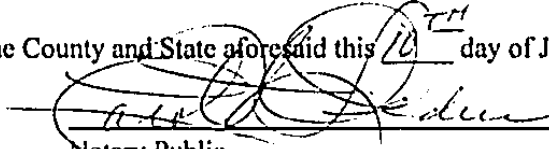
IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 10 day of July, 1996.




James W. Fuller, M.D.

STATE OF FLORIDA
COUNTY OF CITRUS

The foregoing Articles of Incorporation were acknowledged before me this 10th day of July, 1996, by James W. Fuller, M.D., who is personally known to me or who has produced as identification, and he acknowledged that he subscribed the said instrument for the uses and purposes set forth therein.

WITNESS my hand and seal in the County and State aforesaid this 10th day of July, 1996.


Notary Public

 **CAROL N. LEDUC**
Printed Name: MY COMMISSION # CC371048 EXPIRES
May 9, 1998
My Commission Expires:  THE FLORIDA FARM INSURANCE, INC.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: JAMES W. FULLER, M.D., P.A.

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

Name: James W. Fuller, M.D.

Address: 8623 East Cresco Lane, Inverness, Florida 34450

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PERSONAL SERVICE 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.


James W. Fuller, M.D.

Date: 7/10/96