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CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 12301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 12302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

No. 53207

RE: Elizabeth D. Gallegos, M.D.

C.C. FEE DISBURSED

NAME _____
 FIRM _____
 ADDRESS _____

Capital Express™
 Art. of Inc. File
 Corp. Record Search
 Ltd. Partnership File
 Foreign Corp. File
 () Cert. Copy(s)

PHONE () _____

Art. of Amend. File
 Dissolution/Withdrawal
 C U S-
 Fictitious Name File

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Master No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

Name Reservation
 Annual Report/Reinstatement
 Reg. Agent Service
 Document Filing

Corporate Kit
 Vehicle Search
 Driving Record
 Document Retrieval

UCC 1 or 3 File
 UCC 11 Search
 UCC 11 Retrieval
 File No.'s, Copies

Courier Service
 Shipping/Handling
 Phone ()
 Top Priority
 Express Mail Prep.
 FAX () pgs.

SUBTOTALS _____

TX!

66 SEP 15 11:51 AM '95

RECEIVED

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

.....
 REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____ CK No. _____
 BY _____

WALK-IN Will Pick Up _____ 9:15 12:00

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

ARTICLES OF INCORPORATION OF
ELIZABETH D. GALLEGOS, M.D., P.A.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract and legally authorized to practice the profession of medicine in the State of Florida, hereby proceeds to form a professional corporation in accordance with the Florida Professional Service Corporation Act, and hereby adopts the following Articles of Incorporation for such corporation.

ARTICLE I.
NAME

The name of this corporation is **ELIZABETH D. GALLEGOS, M.D., P.A.**

ARTICLE II.
PURPOSE AND NATURE OF BUSINESS

The purpose of the Corporation and the nature of its business are as follows:

To practice the profession of medicine, all in accordance with the laws of the State of Florida. To generally engage in and carry on any business incidental thereto; to do any and all other things and to exercise any and all other powers which a Florida professional medical service corporation, by authority and by law, does or exercises; to construct, lease, purchase or otherwise acquire real estate and personal property of any nature, or any interest therein, without limit as to amount or value, reasonably necessary or convenient for effecting or furthering any or all of the purposes and powers, to do any and all things and exercise any and all powers necessary, convenient or advisable to accomplish one or more of the purposes of the Corporation, or which shall at any time appear to be for the benefit of the Corporation in connection therewith, which may now or hereafter be lawful for the Corporation to do or exercise under and in pursuance of the laws of the State of Florida.

ARTICLE III.
CAPITAL STOCK

The maximum number of shares of stock that the Corporation is authorized to have outstanding at any one time is 100 shares at \$1.00 par value. Such shares shall be of a single class of common stock.

ARTICLE IV.
DURATION

The corporation shall have perpetual existence.

FILED
SEP - 5 PM 1:45
TALLAHASSEE, FLORIDA

**ARTICLE V.
ADDRESS AND REGISTERED AGENT**

The street address of the principal and initial registered office of the Corporation is 1501 West Reynolds Street, Suite 1, Plant City, Florida 33567, and the name of its initial registered agent is ELIZABETH D. GALLEGOS, M.D. The Board of Directors may from time to time move the office to any other address in the State of Florida and change the name of the Registered Agent.

**ARTICLE VI.
DIRECTORS**

The Corporation shall be managed by a Board of Directors of at least one (1) Director. The Directors shall be elected by the shareholders of the Corporation. The name and street address of each person who is to serve as member of the initial Board of Directors is as follows:

Elizabeth D. Gallegos, M.D., 1501 West Reynolds Street, Suite 1, Plant City, Florida 33567.

**ARTICLE VII.
SUBSCRIBERS**

The name and address of the subscriber, who is the incorporator of this Corporation, who is duly licensed in the State of Florida to practice medicine, is as follows: Elizabeth D. Gallegos, M.D., 1501 West Reynolds Street, Suite 1, Plant City, Florida 33567.

**ARTICLE VIII.
RESTRAINT ON ALIENATION**

No shareholder may sell or transfer his or her shares in the Corporation except to another individual who is eligible to be a shareholder of the Corporation under Florida Law.

**ARTICLE IX.
DISQUALIFICATION**

If any officer, shareholder, agent or employee of the Corporation who has been rendering professional service to the public for the Corporation becomes legally disqualified to render such professional services within Florida or accepts employment that places restrictions or limitations upon his or her continued rendering of such professional services, then the Corporation shall require him or her to comply with the Florida Professional Service Corporation Act by severing all employment with and financial interests in the Corporation.

**ARTICLE X.
AMENDMENT**

These Articles of Incorporation may be amended in the manner provided by law.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this the 4th day of SEPTEMBER 1996.

Elizabeth D Gallegos M.D.
Elizabeth D. Gallegos, M.D.

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

BEFORE ME, personally appeared ELIZABETH D. GALLEGOS, M.D., who is personally known to me or who has produced FDL as identification and who executed the foregoing, and acknowledged to and before me that she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this the 4th day of SEPTEMBER 1996, in the aforesaid County and State.

Brian Conroy
Notary Public
Print Name:
Commission No.:
My Commission Expires:



BRIAN CONROY
My Commission CC830568
Expires Feb. 06, 2000

Acknowledgement of Registered Agent

Having been named to accept service of process for the above stated corporation, at place designated in the Articles, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: Elizabeth D Gallegos M.D.
Registered Agent

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: Elizabeth D. Gallegos, M.D., P.A.

2. The name and street address of the registered agent and office is: Elizabeth D. Gallegos, M.D., 1501 West Reynolds Street,

Suite 1, Plant City, Florida 33567

FILED
96 SEP -5 PM 1:47
TALLAHASSEE FLORIDA

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.

Elizabeth D. Gallegos M.D.
Elizabeth D. Gallegos, M.D.