LAW OFFICES OF LLOYD T. ASBURY SUITE 100 214 N CLAY STREET JACKSONVILLE, FLORIDA 32202 TELEPHONE (904) 353-2500 Florida Department of State -12/09/96--01069--009 Paula K. Love, M.D., P.A. Enclosed please find an original and one copy of Articles of Incorporation for Paula K. Love, M.D., P.A. along with our check in the amount of \$122.50. Please file and return a certified copy to our office. PLEASE NOTE THAT THE EFFECTIVE DATE FOR THIS CORPORATION IS JANUARY 1, 1997. Sincerely. CALL STRUMENTS SOCIAL S

LTA:sw

Enclosures

P. O. Box 6327

Dear Sir:

Tallahassee, Florida 32314

Re:

ARTICLES OF INCORPORATION OF

PAULA K. LOVE, M.D., P.A.

The undersigned incorporator, for the purpose of forming a professional corporation under the Florida foresspeed Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of this corporation shall be:

PAULA K. LOVE, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

222 River Hills Dr. Jacksonville, Florida 32216

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 Shares of Common Stock having a par value of \$1.00 per share.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

PAULA K. LOVE, M.D. 222 River Hills Dr. Jacksonville, Florida 32216

ARTICLE V INCORPORTOR

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

PAULA K. LOVE, M.D. 222 River Hills Dr. Jacksonville, Florida 32216 DEC -9 PH 4: 02; CRETARY OF STATE

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ARTICLE VI NATURE OF BUSINESS

This corporation is organized for the purpose of engaging in the practice of medicine by doctors licensed to practice in the State of Florida and for engaging in any other activity or business permitted under the laws of the United States or this State.

ARTICLE VII COMMENCEMENT AND DURATION

Paula K. Love mp
PAULA K. LOVE, M.D.

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, PAULA K. LOVE, M.D., P.A., desiring to be organized as a corporation under the laws of the State of Florida, here designates the following registered agent and registered office:

PAULA K. LOVE, M.D. 222 River Hills Dr. Jacksonville, Florida 32216

HAVING BEEN NAMED AS REGISTERED AGENT 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'.

Dated this 4 day of December, 1996.

Paula K. Love, M.D.

16 DEC -9 PM 4: 02 ECRETARY OF STATE LLAHASSEE FLORIDA