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96 DEC 30 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

**SUBJECT:** EMPLOYEES PHYSICIANS HEALTH CORPORATION, INC.  
(Proposed corporate name must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check in the amount:

\$70.00-Filing Fee \_\_\_\_\_

\$78.75-Filing Fee & Certificate   X  

\$122.50-Filing Fee & Certified Copy \_\_\_\_\_

\$132.25-Filing Fee, Certified Copy & Certificate \_\_\_\_\_

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-12/31/96--01065--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**FROM:** Mimi H. Suhar  
7806 St. Giles Place  
Orlando, FL 32835  
(407) 294-1846

**NOTE:** Please provide the original & one copy of the articles.

\*H  
1-6-96

## **ARTICLES OF INCORPORATION**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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TALLAHASSEE, FLORIDA

### **ARTICLE I NAME**

The name of the corporation shall be: **Employer Physician Health Corporation, Inc.**

### **ARTICLE II PRINCIPAL OFFICE**

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

**7806 St. Giles Place, Orlando, FL 32835**

### **ARTICLE III SHARES**

The number of stock that this corporation is authorized to have outstanding at any one time is: **100,000 shares (Common Stock), \$1.00 par value per share.**

### **ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is:

**Mimi H. Suhar, 7806 St. Giles Place, Orlando, FL 32835**

## **ARTICLE V TERM OF EXISTENCE**

This corporation is to exist perpetually

## **ARTICLE VI DIRECTORS**

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The names and addresses of the initial member of the Board of Directors is:

Mimi H. Suhar  
Director

7806 St. Giles Place  
Orlando, FL 32835

## **ARTICLE VII OFFICERS**

The name and address of the initial officer of the corporation who shall hold office for the first three years of the corporation or until their successor is elected or appointed is:

Mimi H. Suhar  
President/Secretary

7806 St. Giles Place  
Orlando, FL 32835

## **ARTICLE VIII INCORPORATOR(S)**

See instructions for officers/directors

The names and street addresses of the incorporators to these Articles of Incorporation are:

Mimi H. Suhar, 7806 St. Giles Pl. , Orlando, FL 32835

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 24 day of Dec, 19 96.

(An additional article must be added if an effective date is requested)

Signature: 

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Notarization is not required

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**

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SECRET  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAW OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

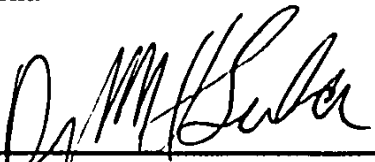
1. The name of the corporation is: **Employers Physicians Health Corporation, Inc.**
2. The name and address of the registered agent office is:

Name: **Mimi H. Suhar**

Address: **7806 St. Giles Pl.**  
(P.O. Boxes are NOT acceptable)

City/State/Zip: **Orlando, Fl., 32835**

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 am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Signature

**12-24-96**  
\_\_\_\_\_  
Date