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CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222

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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.

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THANK YOU

11-2529-7 POHOEN'S INC., THOMASVILLE, GA.

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ARTICLES OF INCORPORATION OF

ST. PETERSBURG TRAUMA ASSOCIATES. INC.

SECRETARY OF STATE TALLAHASSEE. FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract and legally authorized to conduct business in the State of Florida, hereby proceeds to form a professional corporation in accordance with Florida law, and hereby adopts the following Articles of Incorporation for such corporation.

ARTICLE I.

The name of this corporation is St. Petersburg Trauma Associates, Inc.

ARTICLE II. PURPOSE AND NATURE OF BUSINESS

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

To engage in the business of providing medical services, 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 small business owner, 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 3,000 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.

ARTICLE V. ADDRESS AND REGISTERED AGENT

The street address of the principal and initial registered office of the Corporation is 535 Central Avenue, Suite 403, St. Petersburg, Florida 33701, and the name of its initial registered agent is PAMELA A.M. CAMPBELL. 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 three (3) Directors. 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:

Thomas D. Wells, M.D., 601 7th Street South, St. Petersburg, Florida 33701 (President and Director):

Forrest C. Arthur, M.D., 603 7th Street South, Suite 350, St. Petersburg, Florida 33701 (Vice President and Director); and

Steven G. Epstein, M.D., 603 7th Street South, Suite 350, St. Petersburg, Florida 33701 (Treasurer and Director).

ARTICLE VII. SUBSCRIBERS

The name and address of the subscriber, who is the incorporator of this Corporation, is as follows: Thomas D. Wells, M.D., 601 7th Street South, St. Petersburg, Florida 33701.

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. 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 __/4__ day of February, 1997.

Thomas D. Wells, M.D.

STATE OF FLORIDA COUNTY OF PINELLAS

BEFORE ME, personally appeared Thomas D. Wells, M.D., who is personally known to me and who executed the foregoing, and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this the $\frac{14}{2}$ day of February, 1997, in the aforesaid County and State.

Notary Public
Print Name:

Commission No.: My Commission Expire

PAMELA A M CAMPBELL MY COMMISSION & CC385674 EXPIRES June 13, 1998 BONDED THRU TROY FAUN HISURANCE, INC.

Acknowledgment 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.

Pamela A.M. Campbell, Esquire Registered Agent

