

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Gina M. Carr, M.D. P.A.

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Name Reservation _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: DR

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Name _____

Date _____

Time _____

Walk-In _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RP
8-5-97

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ARTICLES OF INCORPORATION

OF

GINA M. CARR, M.D., P.A.

The undersigned, for the purposes of forming a corporation under the Florida General Corporation Act, Florida Statutes Chapter 607, hereby adopts the following articles of incorporation.

ARTICLE I:

NAME

The name of the corporation shall be GINA M. CARR, M.D., P.A. and the nature of the business is the medical practice of anesthesiology.

ARTICLE II:

PRINCIPAL OFFICE

The address of the principal office and the mailing address of the corporation is 555 Granada Blvd., Suite B1, Ormond Beach, FL 32174.

ARTICLE III:

CAPITAL STOCK AND PAR VALUE

The number of shares that this corporation is authorized to have outstanding at any one time is one hundred (100) shares of common stock. The par value of the stock of the corporation will be Ten Dollars and 00/100 (\$10.00) per share.

ARTICLE IV:

INITIAL REGISTERED AGENT AND ADDRESS

The initial registered agent is Gina M. Carr, M.D., and the

street address of the initial registered office of the corporation is 335 North Beach Street, Ormond Beach, FL 32174.

ARTICLE V:

INCORPORATOR

The name and address of the incorporator is Gina M. Carr, M.D., 335 North Beach Street, Ormond Beach, FL 32174.

ARTICLE VI:

INITIAL OFFICERS

There shall be one initial officer of the corporation. The name, address and title of the officer is:


Gina M. Carr, M.D., 335 North Beach Street, Ormond Beach, FL 32174 who shall serve as President.

ARTICLE VII:

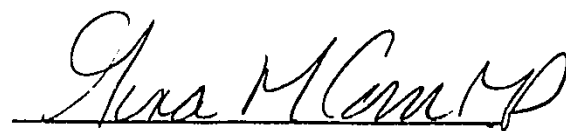
FISCAL YEAR

The fiscal year of the corporation shall end on December 31 of each calendar year.

The undersigned has executed these Articles of Incorporation this 4th day of August, 1997.


Gina M. Carr, M.D.

IN WITNESS WHEREOF, I have subscribed my name this 4 day of August, 1997.


Gina M. Carr, M.D., Incorporator

STATE OF FLORIDA
COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, personally appeared GINA M. CARR, M.D., known to me to be the person who subscribed the foregoing Articles of Incorporation and acknowledged that she subscribed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 24th day of August, 1997.


Notary Public

My Commission Expires:



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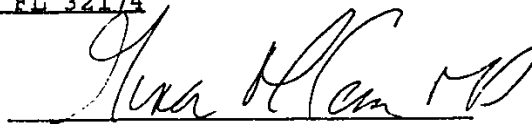
CERTIFICATE of DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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Pursuant to the provisions of section 607.0501, 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: GINA M. CARR, M.D., P.A.
2. The name and address of the registered agent and office is:

GINA M. CARR, M.D.
335 North Beach Street
Ormond Beach, FL 32174

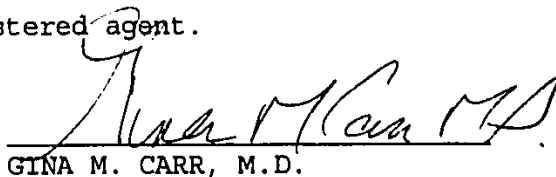


Gina M. Carr, M.D.

TITLE: President

Dated: 8/4/97

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby agree to 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.



GINA M. CARR, M.D.

DATE: 8/4/97