



**THE UNITED STATES  
CORPORATION  
COMPANY**

997000093635

ACCOUNT NO. : 072100000032

REFERENCE : 585177 4351925

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : October 31, 1997

ORDER TIME : 10:07 AM

ORDER NO. : 585177-005

CUSTOMER NO: 4351925

CUSTOMER: Frank J. Yong, Esq  
CONE YONG & HOUSTON, P.A.

Po Box 4550 (32201)  
1050 Riverside Avenue  
Jacksonville, FL 32204

600002334796-0  
10/31/97 01035-002-0  
\*\*\*122.50 \*\*\*122.50

DOMESTIC FILING

NAME: PHYSICIANS SURGICAL CENTER OF  
PUTNAM COUNTY, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

FILED  
97 OCT 31 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
97 OCT 31 AM 10:46  
DIVISION OF CORPORATION

SN OCT 31 1997

ARTICLES OF INCORPORATION  
OF

PHYSICIANS SURGICAL CENTER OF PUTNAM COUNTY, INC.

FILED  
97 OCT 31 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a corporation for profit under the laws of Florida, hereby adopt the following Articles of Incorporation:

**ARTICLE I**

**Name**

The name of the corporation is **PHYSICIANS SURGICAL CENTER OF PUTNAM COUNTY, INC.**

**ARTICLE II**

**Principal Office**

The principal office and mailing address of the corporation shall be 6500 Highway 20 West, Palatka, Florida 32178.

**ARTICLE III**

**Duration**

This corporation shall exist perpetually. Corporate existence shall commence on the date these Articles are executed and acknowledged, except that if they are not filed by the Department of State of the State of Florida within five days, exclusive of legal holidays, after they are executed and acknowledged, corporate existence shall commence upon filing by the Department of State.

**ARTICLE IV**

**Nature of Business**

This corporation is organized for the purpose of transacting any or all lawful business.

## **ARTICLE V**

### **Capital stock**

(a) **Authorized Capital.** The maximum number of shares of stock which this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a par value of \$1.00 share.

(b) **Restrictions on Transfer of Stock.** The shareholders may, by bylaw provision or by shareholders' agreement recorded in the minute book, impose such restrictions on the sale, transfer or encumbrance of the stock of this corporation as they may see fit.

## **ARTICLE VI**

### **Initial Registered Office and Agent**

The street address of the initial registered office of this corporation is 1050 Riverside Avenue, Jacksonville, Florida 32204, and the name of the initial registered agent of this corporation at that address is Frank J. Yong.

## **ARTICLE VII**

### **Directors**

(a) **Number.** This corporation shall have fifteen (15) directors initially. The number of directors may be increased or diminished from time to time by the bylaws, but shall never be less than one.

(b) **Indemnification.** The board of directors is hereby specifically authorized to make provision for indemnification of directors, officers, employees and agents to the full extent permitted by law.

## **ARTICLE VIII**

### **Incorporator**

The name and street address of the incorporator of this corporation is:

Frank J. Yong, Esquire  
Cone, Yong, Stewart & Houston, P.A.  
1050 Riverside Avenue  
Jacksonville, Florida 32204

**ARTICLE IX**

**Amendment**

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, and any right conferred upon the shareholders is subject to this reservation.

30<sup>th</sup> IN WITNESS WHEREOF, the Incorporator has executed these Articles the day of October, 1997.

  
FRANK J. YONG

STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 30<sup>th</sup> day of October, 1997, by FRANK J. YONG, (X) who is personally known to me or ( ) who produced \_\_\_\_\_ as identification and who did take an oath.

NOTARY PUBLIC:



Name Printed: Kellie A Perkins

State of Florida At Large (Seal)

My commission expires:



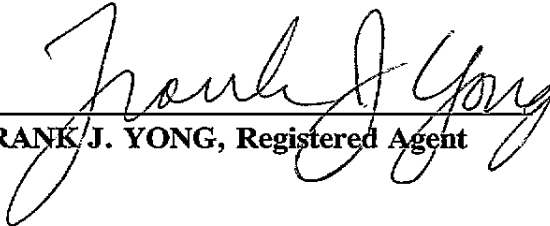
KELLIE A. PERKINS  
MY COMMISSION # CC390816 EXPIRES  
October 30, 1998  
BONDED THRU TROY FAIR INSURANCE, INC.

**CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED  
AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Sections 48.091, 607.0501 and 607.0505, Florida Statutes, the following is submitted:

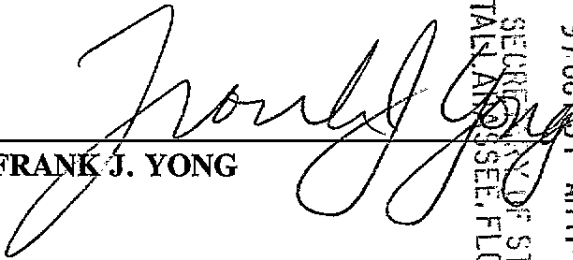
**PHYSICIANS SURGICAL CENTER OF PUTNAM COUNTY, INC.**, desiring to organize or qualify under the laws of the State of Florida hereby designates **FRANK J. YONG** as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be **1050 Riverside Avenue, Jacksonville, Florida 32204**.

DATED this 30<sup>th</sup> day of October, 1997.

  
FRANK J. YONG, Registered Agent

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 30<sup>th</sup> day of October, 1997.

  
FRANK J. YONG

97 OCT 31 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED