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November 12, 1997

Our File No.  
T133-19779

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

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-11/13/97--01017--005  
\*\*\*\*122.50 \*\*\*\*122.50

Re: Harvey C. Taub, M.D., P.A.

Dear Sir or Madam:

Enclosed please find original and one copy of Articles of Incorporation of Harvey C. Taub, M.D., P.A. and our check made payable to your order in the amount of \$122.50, representing filing fee (\$35.00), Registered Agent Designation (\$35.00) and one certified copy (\$52.50).

If you find these items to be in proper order, I would appreciate your returning the enclosed copy to me as a certified copy as soon as possible after the original is filed.

Yours truly,

*Beverly A. Lambert*

Beverly A. Lambert

BAL:smk

Enclosures: Articles of Incorporation  
Check \$122.50

*Beverly*  
GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *art. 2*  
DATE *11/14/97*  
DOC. EXAM. *T.M.*

FILED  
97 NOV 13 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*TM-11/14/97*

**ARTICLES OF INCORPORATION  
OF  
HARVEY C. TAUB, M.D., P.A.  
A Professional Corporation**

The undersigned, all of whom are duly licensed to practice medicine in the State of Florida, desiring to form a professional corporation in accordance with Chapter 607 of the Florida Statutes and Chapter 621, Professional Service Corporations Act, adopt the following Articles of Incorporation:

**Article I - Name**

The name of this corporation shall be HARVEY C. TAUB, M.D., P.A.

**Article II - Registered Office and Agent**

The location and address of the corporation's initial registered office in Florida is 1811 S.E. 34th Lane, Ocala, Florida 34471. The initial registered agent at the registered office is Harvey C. Taub, M.D. The principal office is the same as the registered office.

Having been named as registered agent and to accept service of process for the above-named 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 any duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Harvey C. Taub, M.D.

Date: 11/12/97

**Article III - Purpose**

The purpose for which the corporation is organized shall be to engage in the practice of medicine within the State of Florida, and to take all actions that are necessary or proper in connection with that practice.

**Article IV - Duration**

The term of existence of the corporation is perpetual or until dissolved pursuant to Florida law.

**Article V - Professional Services**

The professional services of the corporation shall be rendered only through officers, employees, and agents who are duly licensed

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TALLAHASSEE, FLORIDA

or otherwise legally authorized to practice medicine within the State of Florida.

Article VI - Incorporator

The name and post office address of the incorporator is:

Name

Address

Harvey C. Taub, M.D.

1811 S.E. 34th Lane  
Ocala, Florida 34471

Article VII - Director

The initial Board of Directors shall consist of one (1) member. The number of directors may be increased from time to time as set forth in the Bylaws. The name and address of the member of the first Board of Directors is:

Name

Address

Harvey C. Taub, M.D.

1811 S.E. 34th Lane  
Ocala, Florida 34471

The initial director shall hold office until his successors are elected and qualified as set forth in the Bylaws.

Article VIII - Capital Stock

The number of shares of stock that the corporation is authorized to have outstanding is 15,000, all of which shall be common shares with par value of \$1.00.

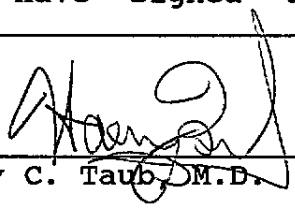
Article IX - Stated Capital

The amount of capital with which the corporation shall begin to practice the profession of medicine is not less than \$5,000.00.

Article X - Amendment of Articles


The corporation reserves the right to amend these Articles of Incorporation at any time in a manner now or subsequently permitted by statute.

IN WITNESS WHEREOF, I have signed these Articles of Incorporation on \_\_\_\_\_, 1997.

  
\_\_\_\_\_  
Harvey C. Taub, M.D.

STATE OF FLORIDA  
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 12  
day of November, 1997, by HARVEY C. TAUB, M.D.,  
who is personally known to me or who has produced \_\_\_\_\_  
as identification.

  
\_\_\_\_\_  
Signature of Notary Public,  
State of Florida

\_\_\_\_\_  
Notary's Printed Name



SUZANNE M. KENNEY  
MY COMMISSION # CC384954 EXPIRES  
July 23, 1998  
BONDED THRU TROY FAIR INSURANCE, INC.