

GREENBERG ROSENBERG LLP

Attn: Fred S. Harris, Jr.

(Requestor's Name)

101 East College Avenue

(Address)

Tallahassee, Florida 32301

(City, State, Zip)

(Phone #)

Call June at 222-6891 when ready.

OFFICE USE ONLY

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-11/19/97--01032--020  
\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Drs. HealthPlan, Inc. (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

☒ Walk in ☐ Pick up time please call

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

FILED  
97 NOV 19 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Call when Ready*

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DIVISION OF CORPORATION

97 NOV 19 AM 10:26

RECEIVED

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**Drs. HealthPlan, Inc.**

**FILED**  
**97 NOV 19 AM 11:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The undersigned hereby acts to form a corporation under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida, providing for the formation, liability, rights, privileges, and immunities of a corporation for profit.

**ARTICLE I**  
**NAME**

The name of this corporation shall be Drs. HealthPlan, Inc.

**ARTICLE II**  
**GENERAL NATURE OF BUSINESS**

The general nature of the business to be transacted by this corporation is to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE III**  
**STOCK**

The authorized capital stock of this corporation shall consist of Ten Thousand (10,000) shares of \$.01 par value common stock.

**ARTICLE IV**  
**CORPORATE EXISTENCE**

This corporation shall exist perpetually unless dissolved according to law.

**ARTICLE V**  
**ADDRESS**

The mailing address of the principal office of this corporation shall be 101 East College

Avenue, Tallahassee, Florida 32301, or at such other location designated by the Board of Directors with the privilege of having branch offices at other places within or without the State of Florida.

**ARTICLE VI**  
**NUMBER OF DIRECTORS**

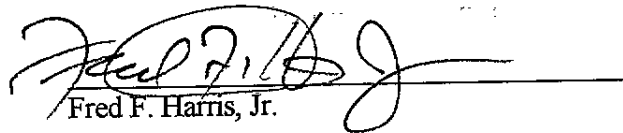
The business of the corporation shall be conducted by a Board of Directors consisting of not less than one (1) director and not more than ten (10) directors. The number of directors shall be as set forth in the Bylaws of the corporation.

**ARTICLE VII**  
**REGISTERED AGENT**

The street address of the registered agent of this corporation shall be 101 East College Avenue, Tallahassee, Florida 32301, with the privilege of having branch or other offices at other places within or without the State of Florida. The registered agent at the above address shall be Fred F. Harris, Jr.

**ARTICLE VIII**  
**AMENDMENT**

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by a majority vote of the stockholders or by the Board of Directors, proposed by them to the stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the stockholders and all the directors sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

  
Fred F. Harris, Jr.

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

**Drs. HealthPlan, Inc.**

In pursuance of Sections 48.091 and Section 607.325, Florida Statutes, the following is submitted in compliance with said statutes.

That Drs. HealthPlan, Inc., with its principal office, as indicated in the Articles of Incorporation, has named the following entity as its agent to accept service of process within this state:

Fred F. Harris, Jr.  
101 East College Avenue  
Tallahassee, Florida 32301  
850/222-6891

**Acknowledgement:**

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office. I further acknowledge that I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

  
Fred F. Harris, Jr.

**FILED**  
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TALLAHASSEE, FLORIDA