

**P97000106591**

Dr. Frank E. Kucera  
4834 S. Lake Drive  
Boynton Beach, Fl 33436

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 18 AM 10:49

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

1. Doctors Health Plan of North Florida, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input 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                                 |

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

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

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ARTICLES OF INCORPORATION  
OF

DOCTORS' HEALTH PLAN OF NORTH FLORIDA, INC.

I, the undersigned incorporator, hereby make, acknowledge, and file these Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida.

ARTICLE I

NAME

The name of this Corporation shall be:

DOCTORS' HEALTH PLAN OF NORTH FLORIDA, INC.

ARTICLE II

ADDRESS

The principal office or mailing address of the Corporation is:

4834 South Lake Drive  
Boynton Beach, Florida 33436

ARTICLE III

AUTHORIZED SHARES

The Corporation shall be authorized to create and issue 7,500 shares of Common Stock at \$1.00 par value.

ARTICLE IV

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation in the State of Florida shall be:

4834 South Lake Drive  
Boynton Beach, Florida 33436

The name of the initial registered agent of this Corporation at that address shall be:

Dr. Frank E. Kucera

ARTICLE V

BOARD OF DIRECTORS

The powers of the Corporation shall be exercised by or under the authority of, and the business and affairs of the Corporation shall be managed under the direction of a Board of Directors. The number of directors of the Corporation shall be established and regulated by the bylaws.

ARTICLE VI

INCORPORATOR

The name and street address of the incorporator signing these Articles of Incorporation are as follows:

| <u>Name</u>         | <u>Street Address</u>                                 |
|---------------------|---|
| Dr. Frank E. Kucera | 4834 South Lake Drive<br>Boynton Beach, Florida 33436 |

IN WITNESS THEREOF, the undersigned incorporator has made and subscribed these Articles of Incorporation at West Palm Beach, Florida, for the uses and purposes aforesaid, this 16 ~~Th~~<sup>th</sup> day of December, 1997.

Dr. Frank E. Kucera  
Dr. Frank E. Kucera, Incorporator

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DESIGNATION AND ACCEPTANCE  
OF  
REGISTERED AGENT

In pursuance of Section 48.091 and Chapter 607, Florida Statutes, DOCTORS' HEALTH PLAN OF NORTH FLORIDA, INC. having filed its Articles of Incorporation contemporaneously herewith, with its registered office as indicated therein at 4834 South Lake Drive, Boynton Beach, Florida 33436, has named Dr. Frank E. Kucera, located thereat as its registered agent to accept service of process within this State.

By: Dr. Frank E. Kucera  
Dr. Frank E. Kucera, Incorporator

Having been named as registered agent to accept service of process for the above-stated corporation, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

By: Dr. Frank E. Kucera  
Dr. Frank E. Kucera, Registered Agent