198000 Law Office of JAMES M. NICHOLAS, P.A.

JAMES M. NICHOLAS

Board Certified Civil Trial Lawyer Board Certified in Business Litigation Certified State & Federal Mediator Admitted in FL, PA & IL 1815 South Patrick Drive Indian Harbour Beach, FL 32937 (407) 773-2888 FAX: (407) 773-0444

AARON D. LYONS

Admitted in FL & PA

December 29, 1997

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DIVISION OF CORPORATIONS

Post Office Box 6327 Tallahassee, Florida 32314

RE: ARTICLES OF INCORPORATION & U &

Gentlemen:

Enclosed please find for filing the Articles of Incorporation, pursuant to <u>Florida Statute</u>, Chapter 607, accompanied with the Designation of Registered Agent, on behalf of Michael Alan Shapiro, MD, PA.

I have also enclosed herein my firm's check in the amount of \$122.50 to cover the required filing fees. Would you please furnish me with a Certificate of Incorporation for my records.

Thank you for your assistance in this matter. In the meantime, should you have any questions, please feel free to call me.

Yours very truly,

JAMES M. NICHOLAS

JMN/mln Enclosure

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION OF MICHAEL ALAN SHAPIRO, MD, P.A.

98 JAN -2 AM 10: 55

The undersigned, acting as Incorporator pursuant to Chapter 607 of the <u>Florida Statutes</u>, adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of this corporation is MICHAEL ALAN SHAPIRO, MD, P.A.

ARTICLE II DURATION

The period of its duration is perpetual, beginning from the date these Articles are filed with the Department of State.

ARTICLE III NATURE

The general nature of the business to be transacted by this Professional Service Corporation is to engage in the practice of emergency medicine and to furnish other medical services for individuals and the community at large as permitted under the laws of the United States and the State of Florida, and to effectuate such purposes, it may act in any capacity including as an agent or attorney-in-fact for any person or entity.

Pursuant to the Professional Service Corporation Act section 621.01 <u>et. seq.</u>, the undersigned, as the incorporator and sole officer, shall render professional emergency medical services as a duly licensed physician. The corporation shall not engage in any other business.

ARTICLE IV CAPITAL STOCK

This corporation is authorized to issue 100 shares of common stock, all of one class, at a par value of \$5.00.

ARTICLE V PREEMPTIVE RIGHTS

- A. Each of the shareholders agrees not to sell, transfer, pledge, assign or otherwise in any way dispose of his shares unless and until he shall have offered to sell his shares to the other shareholders at a fair and reasonable price.
- B. All additional shares of common stock issued by the corporation shall be subject to the same restrictions regarding transferability as the initial stock.
- C. The holders of common shares shall be entitled to purchase newly issued stock proportionate to their respective holdings prior to the stock being offered to outside subscribers.

ARTICLE VI INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial principal office of this corporation is 405 Orlando Boulevard, Indialantic, Florida 32903, and the name and address of the initial registered agent of this corporation is MICHAEL ALAN SHAPIRO, MD, 405 Orlando Boulevard, Indialantic, Florida 32903.

ARTICLE VII INITIAL BOARD OF DIRECTORS

This corporation shall have directors initially. The number of directors may either be increased or diminished from time to time by the by-laws but shall never be less than one (1) and shall always be an odd number. The name and address of the initial director of this corporation is;

Michael Alan Shapiro, MD 405 Orlando Blvd. Indialantic, Florida 32903

ARTICLE VIII INCORPORATORS

The name and address of the person signing these Articles is:

Michael Alan Shapiro, MD 405 Orlando Blvd. Indialantic, Florida 32903

ARTICLE IX BY-LAWS

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and the shareholders.

STATE OF NEW YORK COUNTY OF CHOUSE US

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared MICHAEL ALAN SHAPIRO, MD, to me known to be described as Subscriber in and whom executed the foregoing Articles of Incorporation.

WITNESS my hand and official seal in the State and County last aforesaid, this _____day

NOTARY BURLIC

State of _____ at Lar

NANCY B. COOPER

Actary Fublic, State of New York

No. 1550058 Reg in Chautauqua Couper

A Commission Expires August 28,

I HEREBY ACCEPT the designation, duties and responsibilities as REGISTERED AGENT of MICHAEL ALAN SHAPIRO, MD, P.A., and agree to comply with the provisions of Florida Statutes.

MICHAEL ALAN SHAPIRO, MD

STATE OF NEW YORK
COUNTY OF CHOWNERS

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County aforesaid to take acknowledgments, personally appeared MICHAEL ALAN SHAPIRO, MD, to me known to be described as REGISTERED AGENT for MICHAEL ALAN SHAPIRO, MD, P.A., and who executed the foregoing designation as REGISTERED AGENT, and acknowledged before me that he subscribed to such designation as REGISTERED AGENT.

WITNESS my hand and official seal in the County and State named above, this ____ day

NOTARY PUBLIC

State of _____ at Large

My commission expires:

NANCY B. COOPER
Notary Public, State of New York
No 4955068 Reg in Chautauqua County
My Commission Expires August 28,