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VIA FEDERAL EXPRESS

Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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-01/07/98--01059--005  
\*\*\*\*122.50 \*\*\*\*122.50

RE: MARTHA L. WILSON, M.D., P.A.

Gentlemen:

Enclosed herewith please find the following relative to the above-named corporation.

1. Original and one copy of the Articles of Incorporation.
2. Check in the sum of \$122.50, representing payment of the following fees and costs:

Filing Fee . . . . .	\$ 35.00
Registered Agent Designation . . . . .	\$ 35.00
Certified Copy . . . . .	\$ 52.50
<b>TOTAL ENCLOSED . . . . .</b>	<b>\$122.50</b>

Please return the filed Articles of Incorporation to this office using the enclosed self-addressed, pre-paid Federal Express envelope.

Sincerely,

WALTER R. BLAKE, ESQ.  
WALTER R. BLAKE, P.A.

WRB:mjm  
Enclosures

98 JAN -7 PM 3.26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

PK-8-98

**ARTICLES OF INCORPORATION  
OF**

**MARTHA L. WILSON, M.D., P.A.**

**FILED  
98 JAN -7 PM 3.26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, the undersigned, hereby form, organize and incorporate under the laws of the State of Florida by and under the provisions of the Statutes of the State of Florida, Chapter 621, providing the formation, liability, rights, privileges and immunities of corporations.

**ARTICLE I.**

The name of the corporation shall be MARTHA L. WILSON, M.D., P.A. The address of the principal office of this corporation shall be 8190 ROYAL PALM BOULEVARD, SUITE 202, CORAL SPRINGS, FLORIDA 33065, and the mailing address of the corporation shall be the same.

**ARTICLE II.**

This corporation may engage in the business of rendering professional medical to the public that a medical doctor's office, which is licensed under the laws of the State of Florida, is authorized to render. Further, this corporation may do any and all things permitted by the laws of the State of Florida, United States, or any territory thereof.

**ARTICLE III.**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is One Hundred (100) shares of common stock, a par value of One Dollar (\$1.00) per share.

**ARTICLE IV.**

This corporation is to have perpetual existence.

**ARTICLE V.**

The principal place of business of this corporation shall be 8190 ROYAL PALM BOULEVARD, SUITE 202, CORAL SPRINGS, FLORIDA 33065, or in any other city of the State of Florida designated by the Board of Directors.

**ARTICLE VI.**

The number of directors shall not be less than one (1).

**ARTICLE VII.**

The street address of the initial registered office of the corporation shall be 8190 Royal Palm Boulevard, Coral Springs, Florida 33065, and this shall be its registered office and this shall be the address of the initial Registered Agent. Martha L. Wilson, M.D. will be the initial Registered Agent to accept service of process within the state.

**ARTICLE VIII.**

The corporation shall initially have one Director and one Officer, who, subject to the provision of the Certificate of Incorporation, and the corporation laws of the State of Florida, shall hold office for the first year of the corporation's business and existence, or until her successor is elected is:

**NAME & ADDRESS**

**OFFICE**

MARTHA L. WILSON, M.D.  
8190 ROYAL PALM BOULEVARD  
SUITE 202  
CORAL SPRINGS, FLORIDA 33065

DIRECTOR, PRESIDENT,  
SECRETARY & TREASURER

ARTICLE IX.

The name and street address of the Incorporator to these Articles of Incorporation is as follows, to wit:

<u>NAME</u>	<u>ADDRESS</u>
MARTHA L. WILSON, M.D.	8190 ROYAL PALM BOULEVARD SUITE 202 CORAL SPRINGS, FLORIDA 33065

IN WITNESS WHEREOF, the undersigned, for the purposes of forming a corporation pursuant to the laws of the State of Florida, do make, subscribe and acknowledge this Certificate and we have hereunto duly executed the foregoing Articles of Incorporation to be filed in the Office of the Secretary of the State of Florida for the purposes therein set forth.

Martha L. Wilson, M.D.  
MARTHA L. WILSON, M.D., Incorporator

STATE OF FLORIDA            )  
COUNTY OF BROWARD        )

The foregoing instrument was acknowledged before me this 2 day of January, 1998, by MARTHA L. WILSON, M.D., personally known to me or who has produced HER DRIVER'S LICENSE, as identification, and who did not take an oath.

Katalin Gerstenslager  
NOTARY PUBLIC

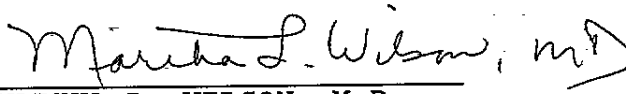
My commission expires:



Katalin Gerstenslager  
My Commission CC876388  
Expires September 01, 2001

**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT**

THE UNDERSIGNED, having been named in the foregoing as Registered Agent, hereby accepts said designation, and agrees to comply with the relevant Florida Statutes relating to Registered Agents.

  
MARTHA L. WILSON, M.D.

**FILED**  
98 JAN -7 PM 3.26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA