

Apr-03-98 03:21 Daniel Hicks P.A.

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FLORIDA DIVISION OF CORPORATIONS

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CONTACT: SHEILA HOWARD
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FAX #:

NAME: OCALA PULMONARY ASSOCIATES, P.A.

AUDIT NUMBER.....H98000006504

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

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April 3, 1998

DANIEL HICKS PA

SUBJECT: OCALA PULMONARY ASSOCIATES, P.A.
REF: W98000007547

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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ARTICLES OF INCORPORATION

OF

OCALA PULMONARY ASSOCIATES, P.A.

The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation act, does hereby adopt the following Articles of Incorporation:

ARTICLE I
NAME AND ADDRESS

The name of the Corporation shall be: OCALA PULMONARY ASSOCIATES, P.A., a Professional Association.

The address of the principal office of the Corporation is: 3200 S.W. 34th Avenue, Suite 302, Ocala, FL 34474, and the mailing address of the Corporation is: 3200 S.W. 34th Avenue, Suite 302, Ocala, FL 34474.

ARTICLE II
DURATION

This Corporation shall have perpetual existence.

Stephanie Staples, Esq.
Daniel Hicks, P.A.
421 South Pine Avenue
Ocala, FL 34471
Phone No: (352) 351-3353
Florida Bar No: 0001694

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ARTICLE III
BUSINESS, OBJECTS OR PURPOSE

The general nature of the business to be transacted by this Corporation or the objects or purposes of the Corporation shall be as follows:

1. To practice medicine and to engage in and transact any lawful business for which corporation may be incorporated under the Florida Business Corporation Act and other incorporation laws of the State of Florida. No other purpose limits this general purpose in any way.
2. To do such other things as are incidental to the purposes of the Corporation or necessary or desirable in order to accomplish them.

ARTICLE IV
AUTHORIZED SHARES

The aggregate number of shares which the Corporation is authorized to issue is 100 shares of common stock. Such shares shall be of a single class and shall have a par value of \$0.01 per share.

Stephanie Staples, Esq.
Daniel Hicks, P.A.
421 South Pine Avenue
Ocala, FL 34471
Phone No: (352) 351-3353
Florida Bar No: 0001694

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ARTICLE V
INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Corporation is: 421 S. Pine Avenue, Ocala, Marion County, Florida 34474, and the name of the initial Registered Agent at that address is: STEPHANIE STAPLES, ESQUIRE.

ARTICLE VI
INITIAL BOARD OF DIRECTORS

The number of Directors constituting the initial Board of Directors is one (1)
The number of Directors may be increased or decreased from time to time in accordance with the Bylaws but shall never be less than one.

PRESIDENT: HANY FALESTINY, M.D.

SECRETARY: HANY FALESTINY, M.D.

Stephanie Staples, Esq.
Daniel Hicks, P.A.
421 South Pine Avenue
Ocala, FL 34471
Phone No: (352) 351-3353
Florida Bar No: 0001694

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ARTICLE VII
INCORPORATORS

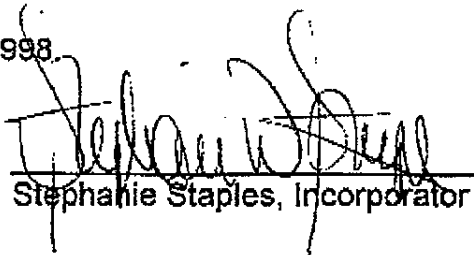
The name and address of the Incorporator is as follows:

Stephanie Staples, Esquire, 421 S. Pine Avenue, Ocala, FL 34474. The power of the Incorporator shall terminate upon the filing of the Articles of Incorporation of OCALA PULMONARY ASSOCIATES, P.A. with the office of the Secretary of State of Florida.

ARTICLE VIII
AMENDMENT

The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the Shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned has signed these Articles of Incorporation on this 3 day of April, 1998.


Stephanie Staples, Incorporator

Stephanie Staples, Esq.
Daniel Hicks, P.A.
421 South Pine Avenue
Ocala, FL 34471
Phone No: (352) 351-3353
Florida Bar No: 0001694

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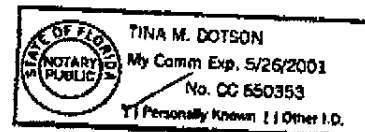
STATE OF FLORIDA
COUNTY OF MARION

Before me personally appeared Stephanie Staples, to me well known and known to me to be the person described in and who executed the foregoing Articles of Incorporation and acknowledged to and before me that she executed said instrument for the purposes therein expressed, and that she is personally known to me.

WITNESS my hand and official seal this 3 day of April, 1998.


Notary Public, State of Florida

My Commission expires:



Stephanie Staples, Esq.
Daniel Hicks, P.A.
421 South Pine Avenue
Ocala, FL 34471
Phone No: (352) 351-3353
Florida Bar No: 0001694

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**ACCEPTANCE BY DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

I, the undersigned person, having been named as registered agent and to accept service of process for the above-stated Corporation at the place designated in this statement, 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 my duties, and I am familiar with and accept the obligations of my position as registered agent.


Stephanie StaplesDate: April 3, 1998.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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