

P98000067317
TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

SUBJECT: INFUSICON, P.A.

400002601344--7
-07/29/98--01046--014
*****78.75 *****78.75

Enclosed are an original and one (1) copy of the articles of incorporation
and a check for:

\$70.00
Filing Fee

■\$78.75
Filing Fee

\$122.50
Filing Fee &
Certified Copy
Additional Copy Required

\$131.25
Filing Fee &
Certified Copy

FROM: JON M. CARSON, M.D.
Name (printed or typed)
108 SW 17 STREET
Address
OCALA, FL 34474
City, State, Zip

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JUL 29 AM 9:24

APPROVED
AND
FILED

NOTE: Please provide the original and one copy of the
articles.

B. BROCK AUG 14 1998
W98-17569



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

August 3, 1998

JON M. CARSON, M.D.
108 SW 17 STREET
OCALA, FL 34474

SUBJECT: INFUSICON, P.A.
Ref. Number: W98000017569

We have received your document for INFUSICON, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6925.

Barbara Brock
Document Specialist

Letter Number: 798A00040530

**ARTICLES OF INCORPORATION
OF
INFUSICON, P.A.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be INFUSICON, P.A.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be c/o JON M. CARSON, M.D., 108 SW 17th St, OCALA, FL 34474.

ARTICLE III - DURATION

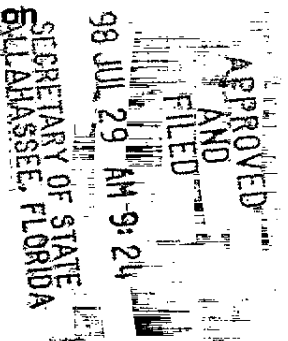
This corporation shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE IV- PURPOSE

This corporation is organized for the purpose of medical practice under Florida Statutes, as now exist or may hereafter be amended.

ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue 1000 shares of One dollar (\$1.00) par value common stock, which shall be designated as "Common Shares".



ARTICLE VI - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VII - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name of the initial registered agent is JON M. CARSON, M.D., and the address of the initial registered office of this incorporation is 108 SW 17th St, OCALA, FL 34474. The principal office and its mailing address are the same as for the registered agent.

ARTICLE VIII - INITIAL BOARD OF DIRECTORS

This corporation shall have one Director constituting the initial Board of Directors. The number of directors may be either increased or decreased from time to time by the bylaws; however, there shall never be less than one Director.

The name(s) and address(es) of the initial Board of Directors of the corporation is(are):

<u>NAME</u>	<u>ADDRESS</u>
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JON M. CARSON, M.D.	108 SW 17 th St, OCALA, FL 34474
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ARTICLE IX - INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) who is the person licensed in the State of Florida, who is to act as incorporator(s) is as follows:

<u>NAME</u>	<u>ADDRESS</u>
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JON M. CARSON, M.D.	108 SW 17 th St, OCALA, FL 34474
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ARTICLE X - INDEMNIFICATION

This corporation shall indemnify any officer or director or any former officer or director, to the full extent permitted by law.

ARTICLE XI - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, by a majority vote of the Board of Directors, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 27th day of July, 1998.


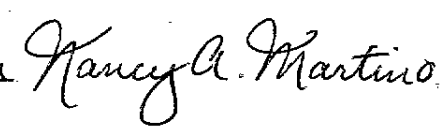


JON M. CARSON, M.D.

STATE OF FLORIDA, COUNTY OF MARION

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared JON M. CARSON, M.D., known to be and known by me to be the person(s) who executed the foregoing Articles of Incorporation, or who produced FL Driver's License as identification, and he(she) acknowledged before me that he(she) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 27th day of July, 1998.

 nka 
Notary Public - State of Florida at Large



NANCY A. LOCHMANN
COMMISSION # CC 537488
EXPIRES MAR 5, 2000
BONDED THRU
ATLANTIC BONDING CO., INC.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICER/REGISTERED AGENT, IN THE STATE OF FLORIDA.

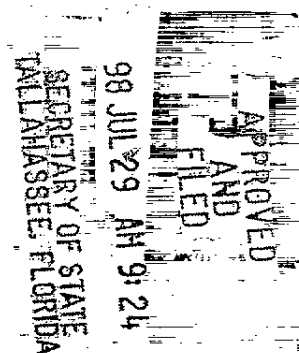
1. The name of the corporation is: INFUSICON, P.A.

2. The name and address of the registered agent and office is:

JON M. CARSON, M.D.

108 SW 17th St

Ocala, FL 34471



Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I 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.


(SIGNATURE)

7-27-98

(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314