# 198000079042

#### TRANSMITTAL LETTER

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

Tallahassee, FL 32	2314				
SUBJECT: PH	<u>YSICIANS</u> (proposed	GROUP I corporate na	Limi Fz ime)	ed, Inc.	
Enclosed please fin above corporation	d an original and and check in the	d one (1) copy amount of \$_	of the artic	les of incorpora	tion for the
				-09/08/	5341355 9801126001 0.00 *****70.00
FROM:	PERRY A			·	
	404 /8 Address	TH AVE	- F	3376	

98 SEP -8 AM ID: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Additional copy of articles is needed only when certified copy is requested.

M9-14-98

#### ARTICLES OF INCORPORATION

<u>OF</u>

PHYSICIANS GROUP Limited, Inc.

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:

PHYSICIANS GROUP Limited, Inches

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

404 18 TH AVENUE INDIAN ROCKS BEACH, FL 33785

#### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND (1,000)

#### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

William B. SHAW JR 18395 GULF BLVD #202 INDIAN SHORES, FL 23785

### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PERRY L. KONTOS 404 18 TH AVENUE INDIAN ROCKS BEACH, FL 33785

The undersigned has	(have) executed these Articles of Incorporation this	
320	_ day of <u>SEPTEMBER</u> , 19 <u>98</u> .	-
	Pery J. Kontos PRESIDEN	7
	Signature/Title	•
,	Signature/Title	
	Signature/Title	

# CERTIFICATE OF DESIGNATION 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 office/registered agent, in the state of Florida.

1. The name of the corporation is: PHYSICIANS GROUP Limited,	In
2. The name and address of the registered agent and office is:  WILLIAM B SHAW JR  (NAME)  18395 GULF BLVD # 202  (P.O. BOX NOT ACCEPTABLE)  TNDIAN SHORES FL 33785  (CITY/STATE/ZIP)	
(CII, 1/31ATE/ZIF)	
SIGNATURE PRESIDENT  DATE 9/4/98	
DATE	
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 WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.	2
DATE 9/3/98	~
DAIL //3//8	

REGISTERED AGENT FILING FEE: \$35.00