

TRANSMITTAL LETTER

P98000090158

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

600002669626--4
-10/22/98--01017--008
*****78.75 *****78.75

SUBJECT: ST. MARY'S FAMILY PRACTICE CENTER, P.A.
(Proposed corporate name - must include suffix)

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: SHERIF MINA SERAG, M.D.
Name (Printed or typed)

1152 62ND AVENUE SOUTH
Address

ST. PETERSBURG, FL 33705
City, State & Zip

(727) 866-6306
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 22 PM 1:31

Dr. Serag GAVE
BY PHONE TO
CORRECT *eff. date*
DATE 10/22
DOC. EXAM 30

B. BROOK OCT 22 1998

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

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 22 PM 1:31

ARTICLE I NAME

The name of the corporation shall be:

ST. MARY'S FAMILY PRACTICE CENTER, P.A.

ARTICLE II PRINCIPAL OFFICE

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

1152 62ND AVENUE SOUTH
ST. PETERSBURG, FL 33705

ARTICLE III SHARES

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

400 SHARES NO PAR VALUE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

SHERIF MINA SERAG, MD
1152 62ND AVENUE SOUTH
ST. PETERSBURG, FL 33705

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

SHERIF MINA SERAG, M.D. MAHA LEWIS RIZK, M.D.
1152 62ND AVENUE SOUTH 1152 62ND AVENUE SOUTH
ST. PETERSBURG, FL 33705 ST. PETERSBURG, FL 33705

x Sherif Mina Serag - MD
Signature/Incorporator
Maha Lewis Rizk - MD

10/16/98
Date

(An additional article must be added if an effective date is requested.)

PURPOSE : MEDICAL FAMILY PRACTICE - EFFECTIVE DATE 10/16/1998

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

x Sherif Mina Serag
Signature/Registered Agent

10/16/98
Date