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98 NOV -2 PM 2: 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 28, 1998

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

Re: William R. Burkey MD, PA

200002677792--8  
-11/02/98-01078-002  
\*\*\*\*122.50 \*\*\*\*78.75

Dear Sirs:

Enclosed find two copies of Articles of Incorporation for the above corporation and a \$122.50 check for the filing fee.

Please mail me the approved copy at the above address.

Please advise if you need additional information.

Respectfully,

Joseph E. Roth  
encl

Joseph Roth  
AUTHORIZATION BY PHONE TO  
CONNECT add purpose  
DATE  
DOC. #142

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the Corporation shall be: **WILLIAM R. BURKEY MD, PA**

**ARTICLE II PRINCIPAL OFFICE**

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

**14799 Soaring Eagle Court  
Ft. Myers, Florida 33912**

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 shares \$1 par, common stock.

**ARTICLE IV INITIAL REGISTERED AGENT**

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

**WILLIAM R. BURKEY  
14799 Soaring Eagle Court  
Ft. Myers, Florida 33912**

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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR**

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

**William R. Burkey  
14799 Soaring Eagle Court  
Ft. Myers, Florida 33912**

  
Signature/Incorporator

10-21-98  
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/Registered Agent

10-21-98  
Date

**ARTICLE VI PURPOSE**

The specific purpose is the practice of medicine.