

P99000015793

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB 16 AM 10:00

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

70000277257--6
-02/16/99--01083--005
*****78.75 *****78.75

SUBJECT: ZORAN POTPARIC, M.D., 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 of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: ZORAN POTPARIC, M.D.
Name (Printed or typed)

1612 REGATTA DRIVE
Address

SHREVEPORT, LOUISIANA 71119
City, State & Zip

(318) 638-8113
Daytime Telephone number

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

ARTICLES OF INCORPORATION

OF

ZORAN POTPARIC, M.D., P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB 16 11:10:00

The undersigned, for the purpose of forming a Corporation for profit under the laws of the State of Florida, hereby adopt the following Articles of Incorporation:

ARTICLE I

NAME:

The name of this Corporation is ZORAN POTPARIC, M.D., P.A. The principal place of business of this corporation shall be:

910 NE 26 Avenue
Fort Lauderdale, FL 33304

ARTICLE II

NATURE OF BUSINESS:

This Corporation may engage in the practice of medicine.

ARTICLE III

CAPITAL STOCK:

This Corporation is authorized to issue one hundred (100) shares of stock, with a par value of One (1.00) Dollar.

ARTICLE IV

TERM OF EXISTENCE:

This Corporation is to exist perpetually.

ARTICLE V

PRE-EMPTIVE RIGHTS:

Every shareholder, upon the sale of any new stock of this Corporation of the same kind or class as that which he already holds, shall have the right to purchase his pro rata share thereof at a price at which it is offered to others.

ARTICLE VI

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT:

The street address of the initial registered office of this Corporation is 910 NE 26 Avenue, Fort Lauderdale, FL 33304. The name of the initial registered agent of this Corporation at that address is ZORAN POTPARIC, M.D.

ARTICLE VII

DIRECTORS:

The business of this Corporation shall be managed by the Shareholders of this Corporation, and such Shareholders shall be deemed Directors of the Corporation. The name and address of the initial Shareholders and Directors are:

Zoran Potparic, M.D., President
910 NE 26 Avenue
Fort Lauderdale, FL 33304

ARTICLE VIII

SUBSCRIBERS:

The name and street address of the person executing these Articles of Incorporation as

subscriber is:

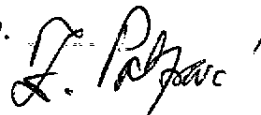
Zoran Potparic, MD, President
910 NE 26 Avenue
Fort Lauderdale, FL 33304

ARTICLE IX

POWERS:

This Corporation shall have all of the powers enumerated for Corporations under the laws of the State of Florida.

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Incorporation on the 11 day of February, 1999.



ZORAN POTPARIC, MD

STATE OF ~~FLORIDA~~ LOUISIANA
COUNTY OF ~~BROWARD~~ CADDO

The foregoing instrument was sworn to and subscribed before me by Zoran Potparic, this 11 day of February, 1999, who:

- () is/are personally known to me;
- () produced current Florida Driver's License(s) as identification
- (x) produced Current La Driver License as identification


SIGNATURE OF NOTARY

DEBORAH S. JOHNSON
PRINTED NAME OF NOTARY

COMMISSION NO.:
MY COMMISSION EXPIRES: For Life

SWORN TO AND SUBSCRIBED BEFORE ME
DEBORAH S. JOHNSON, NOTARY PUBLIC
FOR CADDO PARISH, SHREVEPORT, LOUISIANA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

ZORAN POTPARIC, M.D., P.A.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PLACE OF BUSINESS AT STATE OF FLORIDA HAS NAMED ZORAN POTPARIC, MD, LOCATED AT 910 NE 26 AVENUE, CITY OF FORT LAUDERDALE, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITH FLORIDA.

BY: Z. Potparic
ZORAN POTPARIC, MD, PRESIDENT

DATED: 2/11/99

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

BY: Z. Potparic
ZORAN POTPARIC, REGISTERED AGENT

DATED: 2/11/99

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