

Antony S. Wollaston, M.D.

510 Winding Hollow Avenue
Ocoee, Florida 34761
Home Phone (407)656-4624

P 990000544 73

June 04, 1999

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

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*****78.75 *****78.75

Dear Ms. Mortham:

Enclosed for filing please find two (2) copies of the Articles of Incorporation of Antony S. Wollaston, M.D., P.A.
I have enclosed a check in the amount of \$78.75 to cover the filing fee and certified copy charge. Please return a
certified copy of the file-marked document to me in the self-addressed, stamped envelope which I have provided.

Thank you for your attention to this matter. If you need to do so, you may contact me at (407) 656-4624 during the
business day.

Sincerely,

Antony S. Wollaston, M.D.
Antony S. Wollaston, M.D.

FILED
1999 JUN 15 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

bc
W-13356

ARTICLES OF INCORPORATION
OF
ANTONY S. WOLLASTON, M.D., P.A.

FILED
1999 JUN 15 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1. NAME

The name of the corporation shall be Antony S. Wollaston, M.D., P.A.

ARTICLE 2. PRINCIPAL OFFICE

The principal place of business and mail address of this professional association shall be 510 Winding Hollow Avenue, Ocoee, Florida 34761.

ARTICLE 3. SHARES

The number of shares of stock that this professional association is authorized to have outstanding at any one time is 500.

ARTICLE 4. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are Antony S. Wollaston, M.D., 510 Winding Hollow Avenue, Ocoee, Florida 34761.

ARTICLE 5. INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are Antony S. Wollaston, M.D., 510 Winding Hollow Avenue, Ocoee, Florida 34761.

ARTICLE 6. SPECIFIC PURPOSE


This professional association is being incorporated for the specific purpose of providing medical services as a duly licensed medical doctor in the State of Florida.

Antony S. Wollaston
Signature/Incorporator

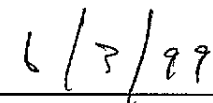
6/5/99
Date

ARTICLES OF INCORPORATION
OF
ANTONY S. WOLLASTON, M.D., P.A.

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



Date

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TALLAHASSEE, FLORIDA