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OCTOBER 15, 1999

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

200003017122--5
-10/18/99--01095--018
*****70.00 *****70.00

SUBJECT: GIL EMMANUEL A. MEJIA, M.D., P.A.

PLEASE FIND ENCLOSED ONE COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE AMOUNT OF \$70.00.

FROM: GIL EMMANUEL A. MEJIA, M.D.
4604 WHISPERING PARK LANE
TAMPA, FL 33614
813-884-0452

FILED
99 OCT 18 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. CHASE OCT 21 1999

ARTICLES OF INCORPORATION

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE ONE - NAME

THE NAME OF THE CORPORATION SHALL BE: GIL EMMANUEL A. MEJIA, M.D.,

ARTICLE TWO - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE: 4604 WHISPERING PARK LANE, TAMPA, FL 33614.

ARTICLE THREE - CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 100 WITH A PAR VALUE OF \$1.00 PER SHARE.

ARTICLE FOUR - INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS: GIL EMMANUEL A. MEJIA, M.D., 4604 WHISPERING PARK LANE, TAMPA, FL 33614.

ARTICLE FIVE - INCORPORATORS

THE NAME(S) AND ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE): GIL EMMANUEL A. MEJIA, M.D., 4604 WHISPERING PARK LANE, TAMPA, FL 33614.

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS
x 15 DAY OF x OCT., 19x99.

SIGNATURE: x

Gil Mejia MD

SIGNATURE: _____

GIL EMMANUEL A. MEJIA, M.D.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: GIL EMMANUEL A. MEJIA, M.D., P.A.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:
GIL EMMANUEL A. MEJIA, M.D., 4604 WHISPERING PARK LANE, TAMPA, FL 33614.

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: *Gil Mejia MD*
GIL EMMANUEL A. MEJIA, M.D.

DATE: 10/15/99

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA