

099000080161



ACCOUNT NO. : 072100000032

REFERENCE : 368973 82082A

AUTHORIZATION :

Patricia Piguet

COST LIMIT : \$ 70.00

ORDER DATE : September 9, 1999

ORDER TIME : 11:40 AM

ORDER NO. : 368973-005

500002982575-4

CUSTOMER NO: 82082A

CUSTOMER: Robert P. Fritts, Esq
ROBERT P. FRITTS, P.A.
ROBERT P. FRITTS, P.A.
Suite 4
5702 Lake Worth Road
Lake Worth, FL 33463

DOMESTIC FILING

NAME: WELLINGTON FAMILY PRACTICE,
INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP -9 AM 7:50

RECEIVED
99 SEP -9 PM 12:16
DEPARTMENT OF STATE
SECRETARY OF STATE
ALLAHASSEE, FL 32924

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP -9 AM 7:50

OF

WELLINGTON FAMILY PRACTICE, INC.

ARTICLE I. CORPORATE NAME

The name of this corporation is WELLINGTON FAMILY PRACTICE, INC..

ARTICLE II. NATURE OF BUSINESS AND POWERS

The general nature of the business to be transacted by this Corporation is to engage in any and all business permitted under the laws of the State of Florida.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is one thousand shares of common stock having a par value of \$1.00.

ARTICLE IV. TERM OF EXISTENCE

This Corporation shall have perpetual existence, commencing upon filing of these Articles.

ARTICLE V. REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The registered Agent and the street address of the initial Registered Office of this Corporation in the State of Florida shall be:

Dr. James C. Poyer
10111 West Forest Hill Blvd., #221
Wellington, FL 33414

The Board of Directors from time to time may move the Registered Office to any other address in the State of Florida.

ARTICLE VI. PRINCIPAL PLACE OF BUSINESS

The principal place of business shall be:

10111 West Forest Hill Blvd., #221
Wellington, FL 33414

ARTICLE VII. BOARD OF DIRECTORS

This Corporation shall have two directors of this Corporation and their street address is:

Dr. James C. Poyer
10111 West Forest Hill Blvd., #221
Wellington, FL 33414

Dr. Melinda J. Poyer
10111 West Forest Hill Blvd., #221
Wellington, FL 33414

The persons named as initial directors shall hold office for the first year of existence of this Corporation or until their successors are elected or appointed and have qualified, whichever comes first.

ARTICLE IX. INCORPORATOR

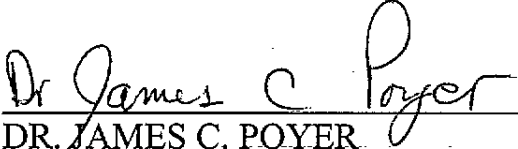
The name and street address of the person signing these Articles of Incorporation as the Incorporators are:

Dr. James C. Poyer
10111 West Forest Hill Blvd., #221
Wellington, FL 33414

Dr. Melinda J. Poyer
10111 West Forest Hill Blvd., #221
Wellington, FL 33414

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved by the stockholders' meeting by at least a majority of the stock entitled to a vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned, as Incorporator, has executed the forgoing Articles of Incorporation on this 8th day of September, A.D., 1999.


DR. JAMES C. POYER


DR. MELINDA . POYER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

99 SEP -9 AM 7:50

Pursuant to the provisions of section 607.0501, 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: WELLINGTON FAMILY PRACTICE, INC.
2. The name and address of the registered agent and office is:

Dr. James Poyer
10111 West Forest Hill Blvd., #221
Wellington, FL 33414

SIGNATURE Dr James C Poyer

TITLE Vice President

DATE 9-8-99

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 James C Poyer

DATE 9-8-99