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FLORIDA PROFIT CORPORATION OR P.A.

FRANCIS X. CONIDI, D.O., M.S., P.A.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 1, 2000

EMPIRE

SUBJECT: FRANCIS X. CONIDI, D.O., M.S., P.A.
REF: W00000005513

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ARTICLES OF INCORPORATION
OF
FRANCIS X. CONIDI, D.O., M.S., P.A.

The undersigned incorporator, who is licensed to practice the profession of Medicine in the State of Florida, with the intention of forming a professional corporation in accordance with the Florida Professional Service Corporation and Limited Liability Company Act, adopts the following articles of incorporation for the corporation:

ARTICLE I

NAME

The name of the corporation is:

FRANCIS X. CONIDI, D.O., M.S., P.A.

ARTICLE II

PRINCIPAL OFFICE AND INITIAL REGISTERED AGENT

The address of the corporation's principal office is: 1700 S.E. Hillmoor Drive, Suite 102, Port St. Lucie, Florida 34952. The name of the initial registered agent of the corporation, located at that office, is SVEA CONIDI.

ARTICLE III

DURATION

The period of the corporation's duration shall be perpetual.

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ARTICLE IV**PURPOSE**

This corporation is organized for the following purposes:

a. To engage in the practice of medicine as a professional corporation and to own and operate a medical clinic for the purposes of providing medical care and treatment.

b. To promote medical, surgical, and scientific research and knowledge to furnish related laboratory and clinical services; and to own real and personal property, enter into contracts, and engage in any lawful business necessary for the rendering of the professional medical services.

c. To do everything necessary, proper, or convenient to accomplish any of the purposes set forth in these articles, and to do every other act incidental to the corporate purposes which is not forbidden by Florida laws or by the provisions of these articles of incorporation.

The purposes of this corporation shall be carried out only through officers, employees, and agents, each of whom is licensed or otherwise legally qualified to render professional medical services in the State of Florida.

ARTICLE V**CAPITAL STOCK**

The total number of shares of stock which the corporation shall be authorized to issue or have outstanding at any one time is 100 shares. These shares shall be of a single class of common stock, and shall have a value of \$1.00 per share.

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ARTICLE VI**CAPITALIZATION**

The amount of capital with which the corporation will begin to practice the profession is not less than \$25,000.00.

ARTICLE VII**CORPORATE POWERS**

The corporation shall have all the rights and powers now or subsequently conferred on professional corporations by the laws of the State of Florida.

ARTICLE VIII**INCORPORATORS**

The name and street address of each person signing these articles of incorporation as an incorporator is:

NAME**ADDRESS**

Francis X. Conidi

3234 S.E. River Vista Drive
Port St. Lucie, Florida 34952**ARTICLE IX****DIRECTORS**

The Corporation is to be managed by a board of directors. The number of directors constituting the initial board of directors is one, and the name and address of the

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initial director is:

NAME**ADDRESS**

Francis X. Conidi

3234 S.E. River Vista Drive
Port St. Lucie, Florida 34952

The initial director shall hold office until his successor is elected and qualified as provided in the bylaws. Then the term of office of each director shall be one year and until the election and qualification of a successor. The number of directors set forth in these articles of incorporation and constituting the initial board of directors shall be the authorized number of directors until that number is changed by a bylaw duly adopted by the shareholders.

ARTICLE X**BYLAWS**

The initial directors shall submit the proposed bylaws to the shareholders at a meeting to be held for that purpose not more than ninety days following the issuance of the Certificate of Incorporation. Following the adoption of bylaws by the affirmative vote of at least three fourths of the shareholders, the internal affairs of the corporation are to be regulated and managed in accordance with the bylaws.

ARTICLE XI**DISSOLUTION**

The Corporation may be dissolved at any time by unanimous written consent of the shareholders. On dissolution, the corporate property and assets shall, after payment of all debts of the corporation, be distributed to the shareholders pro rate, each shareholder

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to participate in the distribution in direct proportion to the number of shares held by the shareholder.

IN WITNESS WHEREOF, the undersigned has signed these articles of
incorporation on this 25th day of February, 2000.



FRANCIS X. CONIDI,
Incorporator

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STATE OF FLORIDA

COUNTY OF PORT ST. LUCIE

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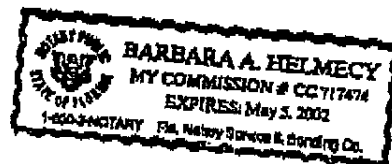
Before Me personally appeared, FRANCIS X. CONIDI, to me well known and known to me to be the person described in and who executed the foregoing instrument and who acknowledged before me that he executed the same, and an oath was not taken. ☒ Said person is personally known to me. ☐ Said person provided the following type of identification: _____

WITNESS my hand and official this 2nd day of February, 2000, in the aforesaid County and State.

My commission expires:


Notary Public

Printed Name



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DEPARTMENT OF STATE

Certificate designating Place of Business or Domicile for the Service of Process within this State. Naming Agent Upon Whom process may be served

The following is submitted, in compliance with Section 607.0501, Florida Statutes:

FRANCIS X. CONIDI, D.O., M.S., P.A.

a corporation organized under the laws of the State of Florida, with its principal office at 1700 S.E. Hillmoor Dr., #102, City of Port St. Lucie, County of Port St. Lucie, State of Florida, has named, **SVEA CONIDI**, of 1700 S.E. Hillmoor Dr. #102 in the City of Port St. Lucie, County of Port St. Lucie, State of Florida, as its agent to accept service of process within this State.

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.

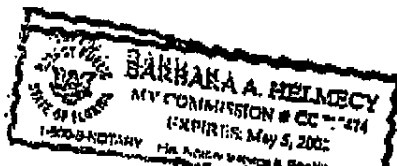

SVEA CONIDI
as Registered Agent

SUBSCRIBED AND ACKNOWLEDGED before me by, SVEA CONIDI, who is personally known to me to be the person described in and who executed this document as Registered Agent. ☒ Said person is personally known to me. ☐ Said person provided the following type of identification _____:

Witness my hand and official seal in the County and State last aforesaid this 25th day of February, 2000.

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My commission expires:




Notary Public

Printed Name