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**Florida Department of State  
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From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : F20000000195  
Phone : (850)521-1000  
Fax Number : (850)521-1030

**FLORIDA PROFIT CORPORATION OR P.A.**

**L.A. FEINGOLD M.D. MEDICAL/LEGAL CONSULTATIONS, INC.**

Certificate of Status	0
Certified Copy	1
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FILE No.397 01/21 '03 02:56 ID:CSC  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

**OF**

**I.A. FEINGOLD M.D. MEDICAL/LEGAL CONSULTATIONS, INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I**

**NAME**

The name of the corporation shall be:

I.A. FEINGOLD M.D. MEDICAL/LEGAL CONSULTATIONS, INC.

**ARTICLE II**

**PRINCIPAL OFFICE AND MAILING ADDRESS**

The principal place of business and mailing address of this corporation shall be:

120 Gavilan Avenue  
Coral Gables, Florida 33143

**ARTICLE III**

**CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to issue is 1,000, all of which are without par value and are of the same class and are Common shares.

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**ARTICLE IV**

**RESIDENT OFFICE AND AGENT**

The name and address of the initial registered agent is:

Alan Feingold  
120 Gavilan Avenue  
Coral Gables, Florida 33143

**ARTICLE V**

**INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Alan Feingold  
120 Gavilan Avenue  
Coral Gables, Florida 33143

**ARTICLE VI**

**INITIAL DIRECTOR**

Alan Feingold

**ARTICLE VII**

The duration of the corporation shall be perpetual.

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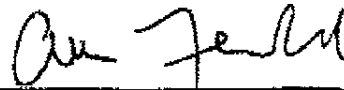
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IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 21st day of January, 2003.



\_\_\_\_\_  
Signature

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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:

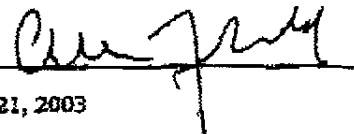
I.A. FEINGOLD M.D. MEDICAL/LEGAL CONSULTATIONS, INC.

2. The name and address of the registered agent and office is:

Alan Feingold  
120 Gavilan Avenue  
Coral Gables, Florida 33143

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THESE ARTICLES OF INCORPORATION, 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



DATE: January 21, 2003