

Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (850) 385-6735  
Fax Number : (954) 641-4192

## FLORIDA PROFIT CORPORATION OR P.A.

SUZANNE Y. SUCCOP, M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
SUZANNE Y. SUCCOP, M.D., P.A.

ARTICLE I - NAME

The name of the corporation shall be:

SUZANNE Y. SUCCOP, M.D., P.A.

ARTICLE II - PRINCIPAL OFFICE & MAILING ADDRESS

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

3245 Equestrian Drive  
Boca Raton, Florida 33434

ARTICLE III - SPECIFIC PURPOSE

The specific purpose of the Corporation shall be to engage in the practice of medical services, provide medical consultations and care, and specialize in the treatment of infectious diseases.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue One-Hundred (100) shares of common stock.

ARTICLE V - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - REGISTERED AGENT

The name and street address of the registered agent of this corporation is:

ELIAS Z. BENDECK  
6864-B Forest Hill Boulevard  
Greenacres, Florida 33413

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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:

  
ELIAS Z. BENDECK, Registered Agent

Date:

9/13/04

ARTICLE VI - INCORPORATOR

The name and address of the Incorporator is:

SUZANNE Y. SUCCOP, M.D.  
3245 Equestrian Drive  
Boca Raton, Florida 33434

Signature:

  
SUZANNE Y. SUCCOP, M.D., Incorporator

Date:

9/13/04

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