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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

MARK AKSELRUD, M.D.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Mark Akseirud, M.D., P.A.

ARTICLE II NATURE OF BUSINESS

The nature of this business shall be:

To provide primary medical care services.

ARTICLE III PRINCIPAL OFFICE

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

9166 W. Atlantic Boulevard, Suite 1627
Coral Springs, FL 33071

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Common Shares

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Mark Akseirud, M.D.
9166 W. Atlantic Boulevard, Suite 1627
Coral Springs, FL 33071

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Mark Akseirud, M.D.
9166 W. Atlantic Boulevard, Suite 1627
Coral Springs, FL 33071

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TALLAHASSEE, FLORIDA



Signature/Incorporator

06.18.99
Date

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 hereby 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 obligation of my position as registered agent.



Signature/Registered Agent

06.18.99
Date