N990000186

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



SUBJECT: National Institute for Cardiac Education Inc.
(Proposed corporate name - must include suffix)

400002783214--2 -02/22/99--01115--006 *****87,50 *****87.50

FROM: <u>National Institute for Cardiac</u> Education Inc.

10100 HOLYWOOD BIND #104

Address

HOLYWOOD F1- 3300U AUTHORIZATION BY PHONE TO

City, State & Zip CORRECT CAST IV

Daytime Telephone number

DOC EXAM 50

NOTE: Please provide the original and one copy of the articles.

30/24

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:
ARTICLE I NAME The name of the corporation shall be: Notional Institute For Cardiac Education, In
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: (0100 HOLYWOOD BOVIEVORD #104 HOLYWOOD FLOVIDO 33004 ARTICLE III PURPOSE(S)
The specific purpose(s) for which the corporation is organized is(are): a cardiac resource center and educationed facility sum as research and development.
ARTICLE IV MANNER OF ELECTION OF DIRECTORS The manner in which the directors are elected or appointed is:
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: 400 HOLLYWOOD BOULEVOYD #104 HOLLYWOOD, PROVIDE 33024
ARTICLE VI INCORPORATOR The name and address of the Incorporator to these Articles of Incorporation are: Ariel Soffer, M.D. Blvd #104 Hollywood. F4. 33004 LLOD HOLLYWOOD BIVD #104
Signature/Incorporator Date
(An additional article must be added if an effective date is requested.)
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.
A SA