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To:

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

From:

Account Name : KENNETH A. WENZEL, P.A.
Account Number : I19980000018
Phone : (561) 361-0900
Fax Number : (561) 338-3441

FLORIDA PROFIT CORPORATION OR P.A.

LAKEVIEW ORTHOPAEDIC AND HAND CENTER, P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF
LAKEVIEW ORTHOPAEDIC AND HAND CENTER, P.A.

ARTICLE 1

NAME

The name of this Corporation is LAKEVIEW ORTHOPAEDIC AND HAND CENTER,
P.A.

ARTICLE 2

PRINCIPAL PLACE OF BUSINESS

The principal place of business of this Corporation shall be 941 S.E. 1st Street, Belle
Glade, FL 33430.

ARTICLE 3

MAILING ADDRESS

The mailing address of this Corporation shall be 941 S.E. 1st Street, Belle Glade, FL
33430.

ARTICLE 4**PURPOSES AND POWERS**

This corporation is organized for the purpose of engaging in the practice of the profession of medicine, and shall have all the powers conferred on professional corporations by the laws of the State of Florida.

ARTICLE 5**CAPITAL STOCK**

The aggregate number of shares which this Corporation shall have authority to issue is One Thousand (1,000) shares of Common Stock, having a par value of ONE DOLLAR (\$1.00) per share, which shares of Common Stock, as a class, shall have unlimited voting rights and are entitled to receive the net assets of this Corporation upon dissolution.

ARTICLE 6**INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this Corporation is 980 N. Federal Highway, Suite 440, Boca Raton, FL 33432, and the name of the initial registered agent of this Corporation at that address is KENNETH A. WENZEL.

ARTICLE 7

INCORPORATOR

The name and address of the person signing these Articles of Incorporation, the Incorporator, is JOSE R. THOMAS-RICHARDS.

ARTICLE 8

AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, as provided by law.

The undersigned Incorporator has executed these Articles of Incorporation this X 11th day of X JANUARY, 2000.



JOSE R. THOMAS-RICHARDS, Incorporator

CERTIFICATE OF
DESIGNATION OF REGISTERED AGENT
FOR
LAKEVIEW ORTHOPAEDIC AND HAND CENTER, P.A.

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Pursuant to Section 607.0505, Florida Statutes, the following is submitted:

LAKEVIEW ORTHOPAEDIC AND HAND CENTER, P.A., desiring to organize under the laws of the State of Florida, with its registered office as indicated in the Articles of Incorporation, has named KENNETH A. WENZEL, located at 980 N. Federal Highway, Suite 440, City of Boca Raton, County of Palm Beach, State of Florida, as its registered agent for service of process within this State.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above-stated Corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I accept the duties and obligations as set forth in Section 607.0505, Florida Statutes.


KENNETH A. WENZEL

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