

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PO000003B482

Albert A. Kaplan, D.P.M.,
P.A.

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Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

<input checked="" type="checkbox"/>	Art of Inc. File	<div>FILED</div> <div>00 MAR 31 PM 1:30</div> <div>SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>
<input type="checkbox"/>	LTD Partnership File	
<input type="checkbox"/>	Foreign Corp. File	
<input type="checkbox"/>	L.C. File	
<input type="checkbox"/>	Fictitious Name File	
<input type="checkbox"/>	Trade/Service Mark	
<input type="checkbox"/>	Merger File	<div>RECEIVED</div> <div>00 MAR 31 PM 2:43</div> <div>DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA</div>
<input type="checkbox"/>	Art. of Amend. File	
<input type="checkbox"/>	RA Resignation	
<input type="checkbox"/>	Dissolution / Withdrawal	
<input type="checkbox"/>	Annual Report / Reinstatement	
<input checked="" type="checkbox"/>	Cert. Copy	
<input type="checkbox"/>	Photo Copy	
<input type="checkbox"/>	Certificate of Good Standing	
<input type="checkbox"/>	Certificate of Status	
<input type="checkbox"/>	Certificate of Fictitious Name	
<input type="checkbox"/>	Corp Record Search	
<input type="checkbox"/>	Officer Search	
<input type="checkbox"/>	Fictitious Search	
<input type="checkbox"/>	Fictitious Owner Search	
<input type="checkbox"/>	Vehicle Search	
<input type="checkbox"/>	Driving Record	
<input type="checkbox"/>	UCC 1 or 3 File	
<input type="checkbox"/>	UCC 11 Search	
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<input type="checkbox"/>	Courier	

T. SMITH APR 03 2000

ARTICLES OF INCORPORATION
OF
ALBERT A. KAPLAN, D.P.M., P.A.

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 is **ALBERT A. KAPLAN, D.P.M., P.A.**

ARTICLE II: PURPOSE

This corporation is organized for the following purposes:

a. To engage in the practice of medicine as physicians as a professional corporation and to own and operate a medical office and medical clinic for the purposes of providing medical care and treatment.

b. To promote medical and scientific research and knowledge; to furnish related laboratory and clinical services; and to own real and personal property, enter into contracts, and engage in any lawful business necessary for the rendering of the professional medical services.

c. To do everything necessary, proper, or convenient to accomplish any of the purposes set forth in these articles, and to

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do every other act incidental to the corporate purposes which is not forbidden by the Florida laws or by the provisions of these articles of incorporation.

The purposes of this corporation shall be carried out only through officers, employees, and agents, each of whom is licensed or otherwise legally qualified to render professional medical services in the State of Florida.

ARTICLE III: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **25801 Shawnee Street, Sorrento, FL 32776.**

ARTICLE IV: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having no par value.

ARTICLE V: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Albert A. Kaplan, D.P.M., P.A., 25801 Shawnee Street, Sorrento, FL 32776.**

ARTICLE VI: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301

ARTICLE VII: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is

Albert A. Kaplan, Director
25801 Shawnee Street, Sorrento, FL 32776.

The undersigned has executed these Articles of Incorporation this 31st day of March, 2000.

"Capital Connection, Inc. by Lauren Strong, Client Representative"

Lauren Strong

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

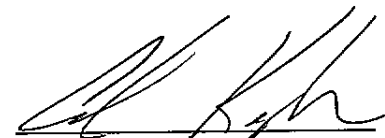
Pursuant to the provisions of F.S. 607.0501, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the corporation is: ALBERT A. KAPLAN, D.P.M., P.A.
2. The name of the registered agent is: ALBERT A. KAPLAN.
3. The address of the registered agent/registered office is: 25801 Shawnee Street, Sorrento, Florida 32776.

ACCEPTANCE

Having been named as registered agent and designated to accept service of process for the above corporation, 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.

Date: March 29, 2000



ALBERT A. KAPLAN

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