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

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SUBJECT:	South Florida	Research Ins	stitute, Inc.	
	(PROPOSED CORPORA	ie name – <u>must inci</u>	LUDE SUFFIX)	
Enclosed is an orig	ginal and one(1) copy of the article	s of incorporation and a	check for:	.,
\$70.00 Filing Fee	4 \$78.75	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status	
FROM	1: <u>Neurology an</u> Name (Pr	d Cardiology inted or typed)	Associates	, P. A.
	5124 Holly	Wood Blvd.		
	Hollywood,	FL 33021 State & Zip	JALL All	00 MAN
>	(954)9/02	- 2770	3.77 24.4	

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

Daytime Telephone number

J-16-00

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:
Just Florida Research Fishlate, Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: Neurology and Cardiology Associates, P.A. 5124 Hollywood Blvd. Hollywood, FL 33021
The summer for which the compention is appearingd in
To conduct scientific pharmaceutical and/or medical
technological research.
ARTICLE IV SHARES The number of shares of stock is:
100 Shares at. 1001 & a share.
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s) and address(es): President - Dr. David B. Ross 5124 Hollywood Blvd. Hollywood PL 33021
Co Vice Presidents - Dr. Jeff M. Steinberg > 5124 Hollywood Blvd. Dr. Jonathan R. Jaffe > Hollywood, PL 33021 Treasurer - Diane Shelledy - ARNP > 5124 Hollywood Blvd Secretary - Laurie C. Sanders - ARNP > Hollywood, PL 33021 ARTICLE VI REGISTERED AGENT
The name and Florida street address registered agent is:
Dr. David B. Ross 5124 Hollywood Blyd
Hollywood, Fl 33021
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Dr. Jeff Steinberg .
5124 Hollywood Blvd
Hollywood, Fr 33021

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
$\bigcirc \bigcirc $
5/5/00
Signature/Registered Agent Date
Jeff Steinberg 5/5/00
Signature/Incorporator Date

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