POLOCOOS 943

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Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : A.A.ALI, CPA Account Number : I20000000192 Phone : (407)298-3900 Fax Number : (407)298-0660 DIVISION OF CORPORATIONS

ON 180 26 PM 1:39

FLORIDA PROFIT CORPORATION OR P.A.

ORLANDO NEPHROLOGY & HYPERTENSION, P.A.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78,75

ARTICLES OF INCORPORATION

OF

ORLANDO NEPHROLOGY & HYPERTENSION, P.A.

(A FLORIDA CORPORATION)

I, the undersigned, hereby make, subscribe, acknowledge and file these Articles of Incorporation for the purpose of becoming a corporation for profit under the laws of the State of Florida and do hereby further certify that I have become such corporation under and pursuant to the following Articles of Incorporation:

ARTICLE I

The name of the corporation is: ORLANDO NEPHROLOGY & HYPERTENSION, P.A.

ARTICLE II

This corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida, specifically, the practice of medicine.

ARTICLE III

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

One thousand (1,000) Shares with \$1.00 par value.

ARTICLE IV

The amount of capital with which this corporation shall and does hereby begin business, shall be and is the sum of One Thousand Dollars (\$1,000.00).

ARTICLE V

The corporation shall have perpetual existence.

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ARTICLE VI

The initial street address of the principal office of this corporation shall be and is:

2220 E. Bronson Hwy, Ste. #5, Kissimmee, FL 34744

ARTICLE VII

The number of Directors of this corporation shall be one. That number may be increased from time to time by the by-laws adopted by the stockholders.

ARTICLE VIII

The name and address of the first Board of Directors, who subject to the provisions of this Certificate of Incorporation, by-laws of this corporation and the laws of the State of Florida, shall hold office for the first year of the corporation's existence or until their successors are elected and qualified.

NAME

STREET ADDRESS

Javed A. Syed, M.D.

2220 E. Bronson Hwy, Ste. 5 Kissimmee, Fl 34744

ARTICLE IX

The street address of the initial registered office of the corporation shall be 2220 E. Bronson Hwy, Ste. #5, Kissimmee, FL 34744 and the name of the initial registered agent of the corporation at that address is Javed A. Syed, M.D.

ARTICLE X

The name and mailing address of the incorporator is as follows:

NAME

MAILING ADDRESS

Javed A. Syed, M.D.

2220 E. Bronson Hwy, Ste. #5 Kissimmee, FL 34744

ARTICLE XI

The officers of this corporation shall be a President, a Secretary, a Treasurer and such other officers, agents and factors as may be deemed necessary, including one or more Vice Presidents. All officers, agents and factors shall be chosen in such manner, hold their offices for such terms and have such powers and duties as may be prescribed by the By-laws or determined by the Board of Directors.

The corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by law, and all rights conferred on stockholders therein are granted subject to this reservation.

IN WINTESS WHEREOF, the undersigned subscriber (s) have executed these Artricles of Incorporation this 23 rd day of Jenusy, 2001 and certify that the facts herein stated are true. STATE OF FLORIDA COUNTY OF _OZHAGE Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared _______ A SYED A SYED known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that they executed these Articles of Incorporation. IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this rand day of Jan., 2001. @jatan,⊬Scali⊾ * My Commission CC903512 Notary Public, State of Florida at Large Expires January 19, 2004

My commission expires:

CERTIFICATE AND ACKNOWLEDGEMENT

OF REGISTERED AGENT

OF

ORLANDO NEPHROLOGY & HYPERTENSION, P.A.

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

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at: 2220 E. Bronson Hwy, Ste. #5

Kissimmee, FL 34744

has named: Javed A. Syed, M.D.

located at the aforesaid address, as its Registered Agent to accept 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 accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Registered Agent

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