TRANSMITTAL LETTER

P010000 15149

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



SUBJECT: Lo	akhnauth	RAMKISHUN	M.D.	PA.
	(Proposed corp	orate name - must include	suffix)	

500003672385—-1 -02/09/01--01052--003 ******70.00 ******70.00

Enclos	sed is an original	and one (1) co	by of the articles of i	incorporation a	ind a check	
for:	\$70.00 Filling Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required		
	John	3allantyne			<u> </u>	
	FROM:	BALLANTYNE	ACCOUNTING SER	VICES		
Name (printed or typed)						
		903 N. PI	NE HILLS ROAD			
Address						
		ORLANDO, F	L 32808	.,		
		Cit	, State & Zip			
		407-298-012	2 -			
		Daytime	Telephone number			

F. CHESCER FEB 8 2000

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

ARTICLES OF INCORPORATION

THE UNDERSIGNED, each of whom is licensed or otherwise legally authorized to practice the profession of Medicine or perform the services of Medicine in the State of Florida hereby intend to form a professional corporation in accordance with the Florida Professional Service Act and hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation is:

LOAKHNAUTH RAMKISHUN M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The address of the Corporation's principal office is:

1201 SHELTER ROCK RD. ORLANDO, FL 32835

ARTICLE III CORPORATE EXISTENCE

The duration of the Corporation is perpetual.

ARTICLE IV BUSINESS PURPOSE

The general nature of the business to be conducted by this Corporation is to practice the profession of MEDICINE.

ARTICLE V SHARES

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS AUTHORIZED TO ISSUE IS TWO THOUSAND (2,000). SUCH SHARES SHALL BE OF A SINGLE CLASS AND SHALL HAVE A PAR VALUE OF 1 DOLLAR (\$1.00) PER SHARE.

LOAKHNAUTH RAMKISHUN

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ACCEPTANCE BY REGISTERED AGENT

I, LOAKHNAUTH RAMKISHUN, agree to accept the designation of Registered Agent for LOAKHNAUTH RAMKISHUN M.D., P.A.. I agree to accept service of Process and to comply with all the other requirements of the Florida Statutes, Chapter 607 which apply to my capacity as a registered agent.