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JULY 27, 2001

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

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SUBJECT: R. DRAPKIN, MD, FACP, INC.

PLEASE FIND ENCLOSED ONE COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE AMOUNT OF \$70.00.

FROM: R. DRAPKIN

3890 TAMPA ROAD - #406 PALM HARBOR, FL 34684

727-787-6511

FILED

OI AUG 20 PM 12: 45

SECRETARY OF STATE

98/2

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE ONE - NAME

THE NAME OF THE CORPORATION SHALL BE: R. DRAPKIN, MD, FACP, INC.

ARTICLE TWO - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE: 3890 TAMPA ROAD - #406, PALM HARBOR, FL 34684.

ARTICLE THREE - CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 1000 WITH A PAR VALUE OF \$1.00 PER SHARE.

ARTICLE FOUR - INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS: R. DRAPKIN, 3890 TAMPA ROAD - #406, PALM HARBOR, FL 34684.

ARTICLE FIVE - INCORPORATORS

THE NAME (S) AND ADDRESS (ES) OF THE INCORPORATOR (S) TO THESE ARTICLES OF INCORPORATION IS (ARE): R. DRAPKIN, 3890 TAMPA ROAD - #406, PALM HARBOR, FL 34684.

THE UNDERSIGNED HAS (HAVE) EXEC	CUTED THESE	ARTICLES	OF INC	CORPORATION	THIS
SIGNATURE: 1			z# -		
R. DRAPKIN					

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, 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: R. DRAPKIN, MD, FACP, INC.
- 2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS: R. DRAPKIN, 3890 TAMPA ROAD #406, PALM HARBOR, FL 34684.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE:_	4		1()()	$\sim 10^{\circ}$
F	R. DRAPKIN			*** 11
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