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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

FLORIDA PROFIT CORPORATION OR P.A.**The Kereszti Clinic, P.A.**

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ARTICLES OF INCORPORATION
OF

The Kereszti Clinic, P.A.

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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 The Kereszti Clinic, P.A.
The specific nature of business of this professional association is to engage in the business of private practice in physical medicine, rehabilitation, and acupuncture.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 4831 Bethel Creek Drive, Vero Beach, Florida 32963.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having no par value.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Zsolt G. Kereszti, M.D., 4831 Bethel Creek Drive, Vero Beach, FL 32963.

ARTICLE V: 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 VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Zsolt G. Kereszti, M.D., 4831 Bethel Creek Drive, Vero Beach, Florida 32963.

The undersigned has executed these Articles of Incorporation this 30th day of August 2001.

"Capital Connection, Inc. by Stacey Leggett, Client Representative"

Stacey Leggett

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: The Kereszti Clinic, P.A.

2. The name and street address of the registered agent and office is: Zsolt G. Kereszti, M.D.
4831 Bethel Creek Drive
Vero Beach, FL 32963

HAVE 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.

Zsolt G. Kereszti M.D.
Zsolt G. Kereszti, M.D.

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