

Division of Corporations

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

From:
Account Name : HUBCO
Account Number : 104662003400
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FLORIDA PROFIT CORPORATION OR P.A.

Lee Cancer Clinic P.A.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Lee Cancer Clinic P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Lee Cancer Clinic P.A.
4755 Summerlin Road - Suite 7
Fort Myers, FL 33919

ARTICLE III SHARES

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

1500 SHARES @ No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of a(n): **Medicine**

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Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Bhanu Prasad Koneru
4755 Summerlin Road - Suite 7
Fort Myers, FL 33919**

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Bhanu Prasad Koneru
P.O. Box 6247
Fort Myers, FL 33911**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26th day of Nov 20 01



Bhanu Prasad Koneru
SIGNATURE

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Lee Cancer Clinic P.A.

2. The name and address of the registered agent and office is:

Bhanu Prasad Koneru

Name

4755 Summerlin Road - Suite 7

(P.O. Box or Mail Drop Box NOT Acceptable)

Fort Myers, FL 33919

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



Bhanu Prasad Koneru
SIGNATURE

November 26, 2001

(Date)

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TALLAHASSEE, FLORIDA

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