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AW OFFICES OF  
SCHOLL, TICKTIN & ASSOCIATES, P.A.  
ATTORNEYS & COUNSELORS AT LAW  
5295 TOWN CENTER ROAD • THIRD FLOOR • BOCA RATON, FLORIDA 33496  
PHONE: (561) 750-4280 FAX: (561) 392-6877

HARVEY SCHOLL

OF COUNSEL:  
PETER TICKTIN  
Danielle Brackett

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 FEB -5 AM 8:31

FILED

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-01/11/02--01061--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

January 08, 2002

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

Re: LONGEVITY STRATEGIES, P.A.

Gentlemen:

Enclosed please find original and one copy of the Articles of Incorporation for the above referenced corporation together with the required fee of \$78.75. Please return a certified copy of the Articles to me at your convenience.

Sincerely,



HARVEY SCHOLL, ESQ.

HS/pbs

W02-1519  
7/5/02  
2/5/02

## ARTICLES OF INCORPORATION

*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 shall be:

LONGEVITY STRATEGIES, P.A.

### ARTICLE II PRINCIPAL OFFICE

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

5295 Town Center Road - Third Floor  
Boca Raton, FL 33486

### ARTICLE III SHARES

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

1,000.00

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Harvey Scholl  
5295 Town Center Road - Third Floor  
Boca Raton, Florida 33486

### ARTICLE V PURPOSE

The purpose of the corporation shall be to engage in the practice of medicine

### ARTICLE VI INCORPORATOR

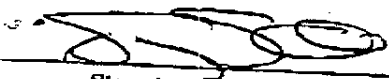
The name and address of the incorporator to these Articles of Incorporation are:

Harvey Scholl  
5295 Town Center Road - Third Floor  
Boca Raton, FL 33486



Signature/Incorporator Date

*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/Registered Agent

1/9/01

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA