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SECH. STATE TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

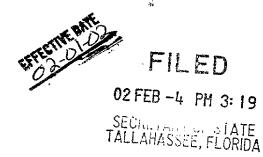
Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: BRACHY THERAPY INSTITUTE OF SO. FLORIDA, INC...

(Proposed corporate name - must include suffix)

Enclosed is an original and (1) one copy of the Articles of Incorporation and a check for \$78.75

| FROM: | GELBER AND COMPANY | 4000048639047 -02/04/0201048003 *****78.75 *****78.75 |
|-----------|--------------------------------|---|
| | Name | |
| | 11450 INTERCHANGE CIRCLE NORTH | • |
| | Address | |
| | MIRAMAR, FL 33025 | |
| | City, State & Zip | |
| | (954) 435-4222 | |
| | Daytime Telephone number | |



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.

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

BRACHY THERAPY INSTITUTE OF SO. FLORIDA, INC.

ARTICLE II - PRINCIPAL OFFICE

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

270 VELEROS COURT CORAL GABLES, FL 33143

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BEATRIZ AMENDOLA 270 VELEROS COURT CORAL GABLES, FL 33143

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

BEATRIZ AMENDOLA 270 VELEROS COURT CORAL GABLES, FL 33143

ARTICLE VI EFFECTIVE DATE

The effective date of this corporation shall be: FEBRUARY 1, 2002

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

Date

IN WITNESS WHEREOF,

I have signed by name and affixed

my official notary seal this
dayof Christian, 200

