

Division of Corporations

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**To:**

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

**From:**

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

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**FLORIDA PROFIT CORPORATION OR P.A.****Kathryn Lotspeich, M.D. P.A.**

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**ARTICLES OF INCORPORATION**  
**OF**

**Kathryn Lotspeich, M.D., P.A.**

**THE UNDERSIGNED** sole incorporator, being a natural person competent to contract and desiring to form a Professional Association under Title XXXV, Chapter 607 of the revised Florida Statutes, herewith submits the following information:

1. The name of the corporation is Kathryn Lotspeich, M.D., P.A.
2. The duration of the corporation shall be perpetual.
3. The general purpose or purposes for which this corporation is being formed are to include the transaction of any or all lawful business for which Professional Associations may be incorporated under this chapter and for healthcare delivery
4. The aggregate number of shares which the corporation shall have authority to issue is 100 shares, all with no par value
5. The principal address and mailing address of the corporation will be 2453 Inagua Avenue, Miami, FL 33133, and the name of its initial registered agent at such address is Kathryn Lotspeich *W/ano*
6. The number of directors constituting the initial board of directors is one (1) and the name and address of each person who is to serve as a member thereof is as follows: Kathryn Lotspeich, *W/ano* 2453 Inagua Avenue, Miami, FL 33133
7. The name and address of the sole incorporator is: Lizbeth Rivera, c/o BlumbergExcelsior Corporate Services, Inc., 62 White Street, 2nd Floor, New York, NY 10013

**IN WITNESS WHEREOF**, the undersigned, as sole incorporator of this Professional Association has executed these Articles of Incorporation.

Dated: March 1, 2002

**BlumbergExcelsior Corporate Services, Inc.**  
62 White Street  
New York, NY 10013  
212-431-5000

  
Lizbeth Rivera  
Sole Incorporator

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**ACCEPTANCE OF APPOINTMENT**

**A5**

**REGISTERED AGENT**

I, the undersigned, do hereby accept appointment as Registered Agent of Kathryn Lotspelch, M.D., P.A., the within named corporation.

Dated: March 1, 2002

  
Kathryn Lotspelch Villano  
Registered Agent

**BlumbergExcelsior Corporate Services, Inc.**  
**62 White Street**  
**New York, NY 10013**  
**212-431-5000**

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