

MJC

MICHAEL J. COOPER
ATTORNEY AT LAW

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April 3, 2002

P02000039804

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

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-04/05/02--01032--006
*****78.75 *****78.75

RE: *MAGDY FALESTINY, P.A.*

Dear Sirs:

Please find enclosed the original and one copy of the proposed Charter for the above referenced corporation (including designation of Resident Agent) together with a check payable to your order in the amount of \$78.75 to cover the following:

Filing fee for Charter	\$ 35.00
Certified copy of Charter	8.75
Filing fee for Certificate of Registered Agent	35.00
TOTAL:	\$ 78.75

FILED
02 APR -5 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please return the certified copy of the Charter to me.

Thank you for your cooperation in this matter.

Sincerely yours,

[Signature]
Michael J. Cooper
MJC/slw
Enclosures

xc: Magdy Falestiny, M.d.
F:\Z\CORPORAT\CLIENTS\FALESTIN.WPD\SLW

[Signature] **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT *P.A. Falestiny*
DATE *4/11/02*
DOC. EXAM *Debra Brown*

AB4/12

**ARTICLES OF INCORPORATION
OF
MAGDY FALESTINY, P.A.**

FILED
02 APR -5 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purposes of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation is MAGDY FALESTINY, P.A. with a principal office and mailing address of 1500 U.S. Highway North 441, Suite 1834, The Villages, FL 32159.

ARTICLE II - COMMENCEMENT AND DURATION

The duration of the corporation is perpetual. The date and time of the commencement of corporate existence is the time of filing of the Articles of Incorporation by the Department of State of the State of Florida.

ARTICLE III - PURPOSE

The general purposes for which this Professional Service Corporation is formed is for the practice of medicine.

ARTICLE IV - CAPITAL STOCK

The aggregate number of shares which the corporation is authorized to issue is Seven Thousand Five Hundred (7,500) shares. Such shares shall be of a single class and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE V - REGISTERED OFFICE

The street address of the initial principal office and registered office of the corporation is: 1500 U.S. Highway North 441, Suite 1834, The Villages, FL 32159. The name of its initial Registered Agent is Magdy Falestiny.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The corporation shall have one (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws. The name and address of the initial director(s) is/are:

MAGDY FALESTINY, 1500 U.S. Highway North 441, The Villages, FL 32159

ARTICLE VII - INCORPORATOR

The name and address of the incorporator is:

MAGDY FALESTINY, 1500 U.S. Highway North 441, The Villages, FL 32159

ARTICLE VIII

This corporation is a small business corporation within the meaning of Section 1244 of the Internal Revenue Code and as soon as is practicable this corporation shall adopt a Section 1244 offering plan.


ARTICLE IX - PRE-EMPTIVE RIGHTS

The shareholder(s) may adopt, by written agreement, a plan providing for pre-emptive rights as to the issuance, sale or transfer of any stock. If such agreement exists there shall be printed on the face of all stock in a legible manner proper words to notify any holder, buyer or transferee thereof of such agreement.

EXECUTED by the undersigned person at Ocala, Marion County, Florida, on this the 3rd day of April, 2002.


MAGDY FALESTINY
Incorporator

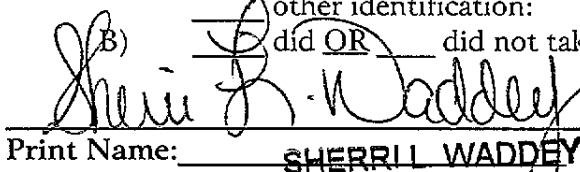
I, MAGDY FALESTINY, accept the office of Registered Agent. I am located at 1500 U.S. Highway North 441, Suite 1834, The Villages, FL 32159, the registered office of this corporation.


MAGDY FALESTINY
Registered Agent

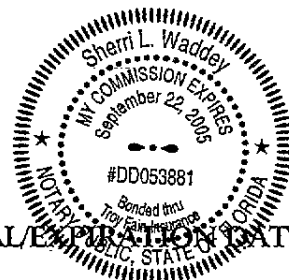
STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 3rd day of April, 2002 by MAGDY FALESTINY, as Incorporator and MAGDY FALESTINY, as Registered Agent, who:

- A) ☐ is/are personally known to me OR
☒ who has/have produced a driver's license OR
☐ other identification:
B) ☒ did OR ☐ did not take an oath.


Print Name: SHERRIL WADDEY

AFFIX SEAL/EXPIRATION DATE:



02 APR - 5 PM 1:40

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA