

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
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02 MAY 29 PM 3:37

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

Craig I. Schwartz DO, P.A.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

MAY 29 2002

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:

Craig I. Schwartz DO, P.A.

ARTICLE II PRINCIPAL OFFICE

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

**Craig I. Schwartz DO, P.A.
2711 A Capital Medical Blvd.
Tallahassee, FL 32308**

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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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Prepared By:
**Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-9940**

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Craig I. Schwartz
2711 A Capital Medical Blvd.
Tallahassee, FL 32308

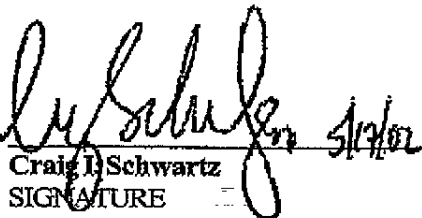
ARTICLES VI INCORPORATOR(S)

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

Craig I. Schwartz
2711 A Capital Medical Blvd.
Tallahassee, FL 32308

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

24th day of April 2002.


Craig I. Schwartz
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: **Craig I. Schwartz DO, P.A.**

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

Craig I. Schwartz

Name

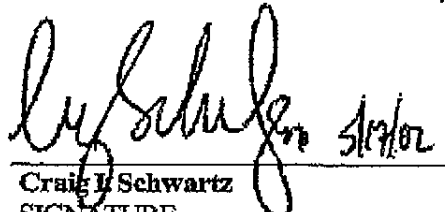
2711 A Capital Medical Blvd.

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

Tallahassee, FL 32308

(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.


Craig I. Schwartz
SIGNATURE

April 24, 2002

(Date)

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