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

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

oscar w. farronay, m.d., p.a.

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**ARTICLES OF INCORPORATION**

**OF**

**OSCAR W. FARRONAY, M.D., P.A.**

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**OSCAR W. FARRONAY, M.D., P.A.**

**ARTICLE II DURATION**

This corporation should have perpetual existence.

**ARTICLE III PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: 2240 Woolbright Road #404, Boynton Beach, FL 33426.

**ARTICLE IV PURPOSE**

The purpose of this corporation shall be: To work in the Capacity as a Medical Doctor in the field of Nuerological Services.

**ARTICLE V CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares common stock having an individual par value of \$ 1.00

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**ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is: Max A. Adams, One Alhambra Plaza, Suite 5, Coral Gables, FL 33134.

**ARTICLE VII BOARD OF DIRECTOR(S)**

The name and address of the initial board of directors shall be:

**PRESIDENT**

Oscar W. Farronay


2240 Woolbright Road, #404  
Boynton Beach, FL 33426

**ARTICLE VIII INCORPORATOR(S)**

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.  
2444 NW 7<sup>th</sup> PLACE  
MIAMI, FL 33127

The undersigned has (have) executed these Articles of Incorporation this 22<sup>nd</sup> day of NOVEMBER 2002



INCORPORATOR

Ray Stormont Signing for  
Empire Corporate Kit of America, Inc.

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

OSCAR W. FARRONAY, M.D., P.A.  
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.



REGISTERED AGENT

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