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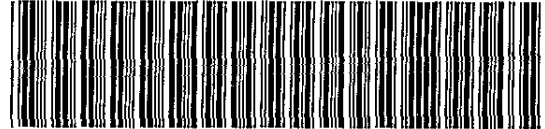
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
02 DEC 23 AM 8:01

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LAW OFFICES OF  
**CHARLES D. FRANKEN, P.A.**

BANK OF AMERICA PROFESSIONAL CENTER  
8181 WEST BROWARD BOULEVARD • SUITE 360  
PLANTATION, FLORIDA 33324

CHARLES D. FRANKEN, ESQUIRE

PHONE (954) 478-7200  
FAX (954) 424-0297  
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E-MAIL: FRANKENCDF@AOL.COM

December 19, 2002

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314  
Attn: New Corporations

Re: CLAIRE P. KATZ, M.D., P.A.

Dear Sir/Madame:

The undersigned attorney is herewith submitting the following documents to form the above referenced corporation:

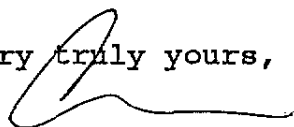
1. Three (3) copies of Articles of Incorporation;
2. Certificate of Designating Place of Business (Registered Agent document); and
3. Check in the amount of \$70.00 to cover the filing fee for said corporation is enclosed.

The name Claire P. Katz, M.D., P.A. was expressly approved by your document specialist on December 17, 2002.

We kindly request that you forward back to the undersigned a stamped copy of the Articles of Incorporation with the date of incorporation at your earliest convenience.

If you have any questions, please do not hesitate to call TOLL FREE at 1-888- 389-8188.

Very truly yours,

  
Charles D. Franken

CDF:CMF  
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Enclosures

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1-1-03

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 DEC 23 AM 8:01

ARTICLES OF INCORPORATION

OF

CLAIRE P. KATZ, M.D. P.A.

The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, hereby forms a Professional Services Corporation under the laws of the State of Florida.

FIRST: The name of the corporation is:

CLAIRE P. KATZ, M.D. P.A.

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

300 S.E. 15th Street  
Fort Lauderdale, FL 33316

THIRD: The aggregate number of shares of stock that this corporation is authorized to issue is Five Thousand (5,000) Shares of one class only, \$.01 par value.

FOURTH: The street address of the initial registered office of the corporation is 8181 W. Broward Boulevard, Suite 360, Plantation, Florida 33324, and the name of the initial registered agent at such address for the corporation shall be CHARLES D. FRANKEN.

FIFTH: The number of initial Board of Directors shall be one (1) who shall be:

CLAIRE P. KATZ, M.D.

SIXTH: The effective date of this corporation shall be January 1, 2003.

SEVENTH: The name and address of each incorporator who is a member of the class set forth under Florida Statute 621.03 (1) as a professional medical doctor licensed under the laws of the State of Florida is as follows:

<u>NAME</u>	<u>ADDRESS</u>
CLAIRE P. KATZ, M.D. P.A.	300 S.E. 15th Street Fort Lauderdale, FL 33316

EIGHTH; This corporation is a professional service corporation formed under Florida Statute 621. whose sole business shall be in the business of rendering professional service in the profession of medicine. This corporation shall not conduct any other business other than the profession of medicine, except for those matters set forth in Florida Statute 621.08 or any successor statute or amendment.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 18th day of DECEMBER, 2002.

  
\_\_\_\_\_  
CLAIRE P. KATZ M.D.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

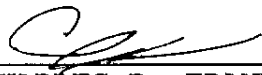
In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First--That **CLAIRE P. KATZ, M.D. P.A.** qualified to do business under the laws of the State of Florida with its principal office at **300 S.E. 15th Street, Fort Lauderdale, FL 33316**, County of Broward, State of Florida, hereby designates **CHARLES D. FRANKEN**, whose address is 8181 W. Broward Boulevard, Suite 360, Plantation, FL 33324 as its agent to accept service of process within this State.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: \_\_\_\_\_

  
CHARLES D. FRANKEN  
(Registered Agent)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 DEC 23 AM 8:01