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TRANSMITTAL'LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status
FROM:	Fuller & Comp Name (
-	ODESSA, 71	3356	·

NOTE: Please provide the original and one copy of the articles.

- 	
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	04 FEB 20 PM 3: 23
The name of the corporation shall be:	
MARINA WAISMAN M.D. & STEVEN YALE M.D. P.A.	SECNETARE OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Tamps, 7L 33497	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Any Lawful Purpose, including but NOT Limited TO The PRActice of Medicine.	
ARTICLE IV SHARES The number of shares of stock is: 1000	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Michael W. Fuller a701 W. Busch Blud #130 Tangi, H 33618	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Michiel W. Fulkr Fuller & Company PA Po Box 23; O Dessa 71 33556 *********************************	c alle ble ble ble ske ske ske ble ble ble ske ske ske ske ske ske ske ske ske sk
Having been named as registered agent to accept service of process for the above stated corporatio certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	n at the place designated in this
July Fulls	2-17-04
Signature/Registered Agent	Date

2-/7--4 Date

Signature/Incorporator