

Florida Department of State
Division of Corporations
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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.

henry ng chua, m.d., p.a.

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

4

OF

HENRY Ng Chua, M.D., P.A.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

HENRY Ng CHUA, M.D., P.A.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

300 SOUTH POINTE DRIVE, UNIT 3301
MIAMI BEACH, FLORIDA 33139

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business, such as medical practice.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 1,000 shares having an individual par value of \$1.00.

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Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

Henry Chua, M.D.
300 South Pointe Drive, Unit 3301
Miami Beach, Florida 33139

ARTICLE VII

The name and address of the initial board of director(s) shall be:

Henry Chua, M.D.
300 South Pointe Drive, Unit 3301
Miami Beach, Florida 33139

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Henry Chua, M.D.
300 South Pointe Drive, Unit 3301
Miami Beach, Florida 33139

The undersigned has executed these Articles of Incorporation this 15th
day of March, 2004.

X Henry Chua
INCORPORATOR

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

HENRY Ng CHUA, M.D., P.A.

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.

X Henry Chua
REGISTERED AGENT
Henry Chua, M.D.

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