

P04000071378

FILE NO. 862 04/30/04 13:54 ID:03C

FAX: 50 558 1515

PAGE 1/2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000095506 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

FILED
04 APR 30 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

GULF STREAM NEUROLOGY, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

H04000095506 3

04 APR 30 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Gulf Stream Neurology, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

933 Clint Moore Road, Boca Raton, FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Neurological and Radiological Diagnostic Test Interpretation

ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares of common stock with no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Nils Anderson, M.D., President, Secretary and Director
2111 Sprucewood Lane
Lindenhurst, IL 60046

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

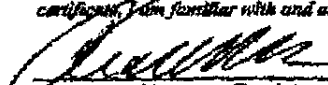
Rick Hinden
933 Clint Moore Road
Boca Raton, FL 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shelley L. Clifford, Paralegal
Gardner Carton & Douglas LLP
181 N. Wacker Dr., Suite 3700
Chicago, IL 60610-1698

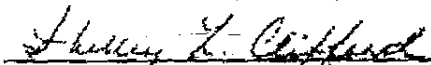
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/30/04

Date



Signature/Incorporator

4/23/04

Date

H04000095506 3