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

From: Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
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FLORIDA PROFIT CORPORATION OR P.A.

ARTHRITIS AND RHEUMATOLOGY CLINIC, INC.

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**ARTICLES OF INCORPORATION**

**OF**

**TITIANA NAGIBINA, M.D., P.A.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **TITIANA NAGIBINA, M.D., P.A.** The specific nature of business is to practice medicine.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **1609 Pasadena Avenue South, #2M, St. Petersburg, FL 33707.**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is seven-thousand-five-hundred (7,500) shares having a par value of (\$1.00) per share.

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#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is Titiana Nagibina, M.D., 1609 Pasadena Avenue South, #2M, St. Petersburg, FL 33707.

#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: SPECIAL PROVISIONS**

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

#### **ARTICLE VII: PRE-EMPTIVE RIGHTS**

Every shareholder, upon the sale for cash of any new stock of this corporation, shall have the right to purchase his pro-rata share thereof at the price at which it is offered to others.

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The undersigned has executed these Articles of Incorporation this 6th day of August 2004.  
Your Capital Connection, Inc., by Leilani White, Client Representative

Leilani White

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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is : TITIANA NAGIBINA, M.D., P.A.

2. The name and address of the registered agent and office is:

TATIANA NAGIBINA, M.D.

1609 Pasadena Avenue South, #2M

St. Petersburg, FL 33707

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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.

TNagib  
(Signature)

08/06/2004  
(Date)

TATIANA NAGIBINA, Pres.  
Printed Name, Title

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