

1. 2005-03-50PMas

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From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800) 342-9856  
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FLORIDA PROFIT CORPORATION OR P.A.

NEERU ARORA MD P.A.

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

**NEERU ARORA MD P.A.**

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

**ARTICLE I NAME**

The name of the corporation is NEERU ARORA MD P.A.

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in the practice of the profession of Medicine.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: Two Hundred, (200), all of which shall be without par value.

**ARTICLE IV TERMS OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name and street address of the initial officer and director, if any, who shall hold office the first year of the corporation's existence or until his successor is elected, is:

Neeru Arora  
3849 Timuquana road  
Jacksonville, Florida 32210

**ARTICLE VI PRINCIPAL MAILING ADDRESS**

The principal mailing address of the corporation shall be:

3849 Timuquana Road  
Jacksonville, Florida 32210

**ARTICLE VII INCORPORATOR**

The name and street address of the incorporator to this articles of incorporation is:

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Lawrence A. Kirsch  
90 State Street  
Albany, New York 12207

IN WITNESS WHEREOF, the undersigned incorporator has executed these  
Articles of Incorporation this 1st day of September, 2005.

  
LAWRENCE A. KIRSCH

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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:

NEERU ARORA MDPA

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

NEERU ARORA

(Name)

3849 TIMUQUANA ROAD

(P.O. Box NOT acceptable)

JACKSONVILLE, FL 32210

(City/State/Zip)

*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.*

X Neeru Arora

Signature

8-24-05

Date

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