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Division of Corporations

Fax Number : (850)205-0381

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

RONALD E. SHERRY, MD, P.A.

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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ARTICLES OF INCORPORATION



OF

RONALD E. SHERRY, MD, P.A.

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1-NAME

The name of the corporation shall be: RONALD E. SHERRY, MD. P.A.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

948 FALLING WATER ROAD WESTON, FL 33326

ARTICLE III – NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation is to: PRACTICE IN THE MEDICAL FIELD.

<u>ARTICLE IV - SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 1,000

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ARTICLES V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RONALD E. SHERRY 948 FALLING WATER ROAD WESTON, FL 33326

ARTICLE VI - INCORPORATOR

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

RONALD E. SHERRY 948 FALLING WATER ROAD WESTON, FL 33326

The undersigned incorporator has executed these Articles of Incorporation this <u>20TH</u> day of <u>DECEMBER</u>, <u>2005</u>



ARTCILE VII - DIRECTOR(S) & OFFICER(S)

The name(s) and street address(es) of the initial director(s) and officei(s) to these Articles of Incorporation is (are):

PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER & DIRECTOR

RONALD E. SHERRY 948 FALLING WATER ROAD WESTON, FL 33326

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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