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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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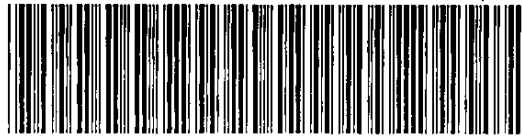
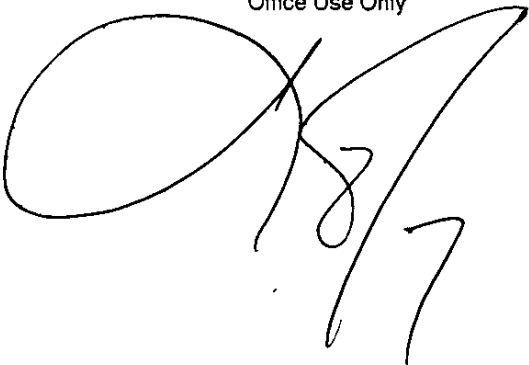
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LAW OFFICE OF
SIEGEL & HUGHES, P.A.
4046 NEWBERRY ROAD
POST OFFICE BOX 90028
GAINESVILLE, FLORIDA 32607

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August 3, 2006

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

RE: MICHAEL LUKOWSKI, M.D. AND ASSOCIATES, P.A.

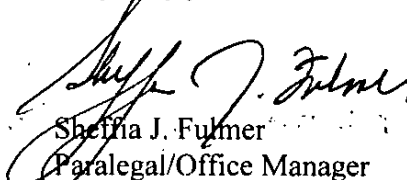
Dear Sir or Madam:

Enclosed please find:

1. Articles of Incorporation of MICHAEL LUKOWSKI, M.D. AND ASSOCIATES, P.A., a profit corporation (effective date July 28, 2006).
2. Designation of Resident/Registered Agent and acceptance by such agent.
3. Our firm's check in the amount of \$78.75 for:
 - a. Filing Fee;
 - b. Certified Copy of Charter;
 - c. Registered Agent Designation Fee.

Please file the subject documents, and forward the Certified Copy to my above-shown address.

Very truly yours,


Shefna J. Fulmer
Paralegal/Office Manager

/sjf

Enclosures

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

MICHAEL LUKOWSKI, M.D. AND ASSOCIATES, P.A.

In compliance with the requirements of *Fla.Stat.* Chapter 621, the undersigned, being a natural person, does hereby act as an incorporator in adopting and filing the following Articles of Incorporation for the purpose of organizing a business corporation.

ARTICLE I

NAME

The name of the corporation is:

MICHAEL LUKOWSKI, M.D. AND ASSOCIATES, P.A.

ARTICLE II

PRINCIPAL OFFICE

The street address of the initial principal office of the corporation is: 6440 W. Newberry Road, Suite 201, Gainesville, Florida 32605.

ARTICLE III

EFFECTIVE DATE

The existence of this corporation shall begin on the 28th day of July, 2006.

ARTICLE IV

PURPOSE

The nature of business to be transacted by this corporation is business support of medical practice, together with any and all lawful business pursuant to the laws of the State of Florida.

ARTICLE V

SHARES

The maximum number of shares this corporation is authorized to issue is one hundred (100) shares.

ARTICLE VI

INITIAL OFFICERS/DIRECTORS

The name and address of the director and officers of the first Board of Directors, who, subject to the provisions of the Bylaws and these Articles of Incorporation, shall hold office until the first annual meeting of the stockholders of the corporation or until successors are elected and have qualified, shall be as follows: MICHAEL LUKOWSKI, 6440 W. Newberry Road, Suite 201, Gainesville, Florida 32605, who shall serve as Director and as President/Secretary/Treasurer.

The number of Directors may be increased from time to time by the Bylaws, but shall never be less than one (1).

ARTICLE VII

REGISTERED AGENT

The initial street address of the corporation's registered office is 6440 W. Newberry Road, Suite 201, Gainesville, Florida 32605. The name of the initial Registered Agent for the corporation at that address is MICHAEL LUKOWSKI.

ARTICLE VIII

INCORPORATOR

The name and address of the person signing these Articles of Incorporation is:

MICHAEL LUKOWSKI
6440 W. Newberry Road, Suite 201
Gainesville, Florida 32605

IN WITNESS WHEREOF, I, the undersigned subscribing incorporator have set my hand and seal this ____ day of August, 2006, for the purpose of forming this corporation under the laws of the State of Florida, and I hereby make, subscribe, acknowledge and file in the office of the Secretary of State of the State of Florida, these Articles of Incorporation, and certify that the facts herein stated are true.

WITNESSES:

Anthony M. Baker

Cynthia A. Wons


Michael Lukowski (SEAL)
MICHAEL LUKOWSKI
Subscribing incorporator

STATE OF FLORIDA)
COUNTY OF ALACHUA)

The foregoing Articles of Incorporation were acknowledged before me this 3 day of August, 2006, by MICHAEL LUKOWSKI, who is personally known to me or who produced Florida Driver's License # _____ as identification, and who did/did not take an oath.

(SEAL)

Nancy K. Howald
Notary Public - State of Florida
My Commission Expires:

 Nancy K Howald
My Commission DD212732
Expires May 14, 2007

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF *FLA.STAT.* CHAPTER 621, 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: MICHAEL LUKOWSKI, M.D. AND ASSOCIATES, P.A.
2. The name and address of the registered agent and office is:

MICHAEL LUKOWSKI
6440 W. Newberry Road, Suite 201
Gainesville, Florida 32605

ACCEPTANCE BY REGISTERED AGENT

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. 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.

ADDRESS:
6440 W. Newberry Road, Suite 201
Gainesville, FL 32605

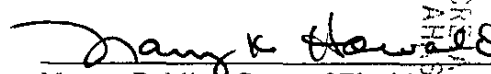


MICHAEL LUKOWSKI Date
Registered Agent

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing Articles of Incorporation were acknowledged before me this 3 day of August, 2006, by MICHAEL LUKOWSKI, who is personally known to me or who produced Florida Drivers License # _____ as identification, and who did/did not take an oath.

(SEAL)



Notary Public - State of Florida
My Commission Expires:



Nancy K Howald
My Commission DD212732
Expires May 14, 2007

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TALLAHASSEE, FLORIDA