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Florida Department of State

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Surexa Cacodcar, MD, PA

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C.K. 9-14

Surexa S. Cacodcar, MD, PA
5574 SW 30th Ave
Ocala, FL 34474
(352) 854-1322

Department of State
Division of Corporations
Tallahassee, FL 32314

September 6, 2006

Dear Sir:
This letter is to confirm that I have no objections to Surexa Cacodcar, MD, forming a new professional association with the name "Surexa Cacodcar, MD, PA".

Thanking you.

Surexa Cacodcar, MD - President

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Surexa Cacodcar, MD, PA
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- ☐ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

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7083 Hollywood Blvd., Suite 180
Address

Los Angeles, CA 90028
City, State & Zip

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Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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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:

Surexa Cacodcar, MD, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2101 SW 20th Place
Ocala, Florida 34474

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide medical services

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Surexa Cacodcar, MD, President, Secretary, Treasurer, Director 2101 SW 20th Place, Ocala, Florida 34474

ARTICLE VI REGISTERED AGENT

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

Surexa Cacodcar, MD, 2101 SW 20th Place, Ocala, Florida 34474

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Surexa Cacodcar, MD, 2101 SW 20th Place, Ocala, Florida 34474

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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

Surexa Cacodcar — 9/10/06

Signature/Registered Agent Surexa Cacodcar, MD — Date

Surexa Cacodcar — 9/10/06

Signature/Incorporator Surexa Cacodcar, MD — Date