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FLORIDA PROFIT/NON PROFIT CORPORATION

BRIAN D. WOLFF, M.D., P.A.

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ARTICLES OF INCORPORATION
OF

BRIAN D. WOLFF, M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The undersigned, for the purpose of forming a corporation pursuant to the provisions of the Florida General Corporations Act, Chapter 607 and The Florida Professional Service Corporations Act, Chapter 621 hereby certifies that:

1. The name of the corporation is:

BRIAN D. WOLFF, M.D., P.A.

2. The purpose or purposes for which the corporation is organized are to engage in the practice of medicine; to invest its funds in real estate, mortgages, stocks, bonds, or any other type of investment and to own real or personal property necessary for the rendering of its professional services.

3. The principal place of business and mailing address of this corporation shall be Goodlette Office Park, 671 Goodlette Road, Suite 120, Naples, FL 34102.

4. The number of shares of stock which this corporation is authorized to have outstanding at any one time is:

One thousand shares (1,000) shares without par value

5. The name and address of the initial registered agent:

Brian D. Wolff, M.D. 671 Goodlette Road, Suite 120
Naples, FL 34102

6. The name and address of the incorporator is:

Brian D. Wolff, M.D. 671 Goodlette Road, Suite 120
Naples, FL 34102

The undersigned has executed these Articles of Incorporation this 22nd day of September, 2006.


Brian D. Wolff, M.D.

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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:

BRIAN D. WOLFF, M.D., P.A.

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

Brian D. Wolff, M.D. 671 Goodlette Road, Suite 120
Naples, FL 34102

Signature


Brian D. Wolff, M.D.

Title: Incorporator

Date: 09/22/06

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.

Signature


Brian D. Wolff, M.D.

Date: 09/22/06

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