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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : SANDRA P. GREENBLATT, P.A.
Account Number : I20000000267
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FLORIDA PROFIT/NON PROFIT CORPORATION

Center for Gastroenterology, P.A.

Certificate of Status	0
Certified Copy	1
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2006
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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October 10, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SANDRA P. GREENBLATT, P.A.

SUBJECT: CENTER FOR GASTROENTEROLOGY, P.A.
REF: W06000044383

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

An effective date may be added to the Articles of Incorporation if a 2007 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Document Specialist
New Filing Section

FAX Aud. #: H06000246511
Letter Number: 206A00060155

P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF INCORPORATION
of
Center for Gastroenterology, P.A.**

The undersigned person, acting as incorporator of a professional corporation organized under Chapter 621 of the laws of the State of Florida, hereby adopts the following Articles of Incorporation:

**ARTICLE I
CORPORATE NAME**

The name of this corporation is Center for Gastroenterology, P.A.

**ARTICLE II
PRINCIPAL LOCATION**

The principal location of the corporation is:
3591 N. 31st Avenue
Hollywood, FL 33021

**ARTICLE III
SHARES**

The total number of shares which the corporation shall have authority to issue is 1,000 shares with a par value of \$0.01 per share.

**ARTICLE IV
REGISTERED OFFICE AND AGENT**

The street address of the corporation's initial registered office and the name of its initial registered agent at such address is:

Sandra Greenblatt, P.A.
One Biscayne Tower, Suite 3500
2 South Biscayne Boulevard
Miami, Florida 33131

**ARTICLE V
PURPOSE**

The purpose of the corporation is to engage in the practice of medicine and any additional lawful activity permitted by the laws of this state.

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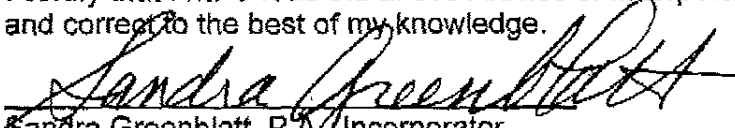
**ARTICLE VI
LIABILITY OF DIRECTORS**

To the fullest extent permitted by law, no director of this corporation shall be personally liable to the corporation or its shareholders for monetary damages for breach of any duty owed to the corporation or its shareholders, except that a director may be held personally liable for (i) breaches of the duty of loyalty, (ii) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) declaration of unlawful dividends or unlawful stock repurchases or redemptions, or (iv) a transaction from which the director derives an improper personal benefit.

Any director or officer who is involved in litigation or other proceeding by reason of his or her position as a director or officer of this corporation shall be indemnified and held harmless by the corporation to the fullest extent permitted by law.

Certification

I certify that I have read the above Articles of Incorporation and that they are true and correct to the best of my knowledge.

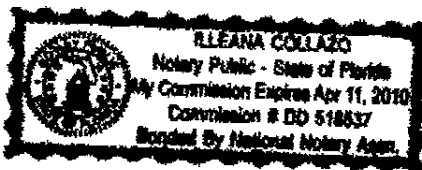

Sandra Greenblatt, P.A., Incorporator
One Biscayne Tower, Suite 3500
2 South Biscayne Boulevard
Miami, Florida 33131

State of Florida
County of Miami-Dade

On this the 4th day of October, 2006, before me, the undersigned Notary Public of the State of Florida, personally appeared Sandra Greenblatt, Esq.
[Name(s) of individual(s) who appeared before me]

NOTARY PUBLIC
SEAL OF OFFICE:

as a duly appointed representative of the above named entity and whose name is subscribed to the within instrument, and he/she/they acknowledge that he/she/ they executed it.
WITNESS my hand and official seal.




NOTARY PUBLIC, STATE OF FLORIDA

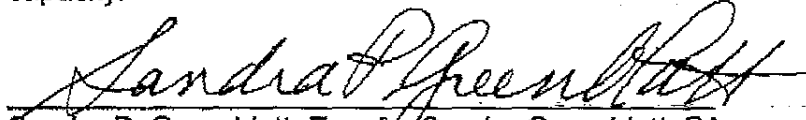
(Name of Notary Public: Print, Stamp, or Type as Commissioned.)

☒ Personally known to me, or
Produced identification: _____
(Type of Identification Produced)

☒ DID take an oath, or _____ DID NOT take an oath.

((H06000246511 3)))

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.



Sandra P. Greenblatt, Esq. for Sandra Greenblatt, PA,
Registered Agent for Center for Gastroenterology, P.A.

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