

BLUMBERG/EXCELSIOR CORPORATION  
Division of Corporations  
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# PA 7880230178

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES  
Account Number : 075350000353  
Phone : (212)431-5000  
Fax Number : (212)431-1441

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## FLORIDA PROFIT/NON PROFIT CORPORATION

### CARDIOVASCULAR & PULMONARY CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
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**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:  
CARDIOVASCULAR & PULMONARY CORP

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
13233 Menden Hall Place, Jacksonville, FL 32224

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
General.

**ARTICLE IV SHARES**

The number of shares of stock is:  
200 no par value.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
Ahmed S Elokda, President, 13233 Menden Hall Place Jacksonville, FL 32224

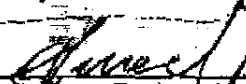
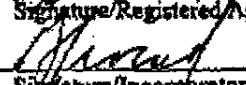
**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Ahmed S Elokda, 13233 Menden Hall Place Jacksonville, FL 32224

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Ahmed S Elokda, 13233 Menden Hall Place Jacksonville, FL 32224

\*\*\*\*\*  
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

	_____	Ahmed S Elokda
Signature/Registered Agent		
	_____	Ahmed S Elokda
Signature/Incorporator		

3/7/07
_____ Date
3/7/07
_____ Date

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