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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

RESUBMIT
Please give original
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1/24/08

Kimberlyx.2949

FLORIDA PROFIT/NON PROFIT CORPORATION

ARYANNA F. LEE, M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

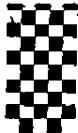
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Florida NO. 5637t CP. 2: tate



January 25, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: ARYANNA F. LEE, M.D., P.A.
REF: W08000004210

RESUBMIT
Please give original
submission data as file data.

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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H08000020014
Letter Number: 608A00005455

**ARTICLES OF INCORPORATION OF
ARYANNA F. LEE, M.D., P.A.**

ARTICLE I

NAME

The name of this Corporation shall be:

ARYANNA F. LEE, M.D., P.A.

ARTICLE II

PURPOSE

This Corporation is organized for the purpose of **HEALTH CARE , Physician's Services** and transacting any and all lawful business.

ARTICLE III

CAPITAL STOCK

Corporation is authorized to issue 1000 shares of \$ 1 par value common stock.

ARTICLE IV

INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office of this Corporation is:

**4961 PELICAN STREET
COCONUT CREEK, FL 33073**

and the name of the initial registered agent of this Corporation
at the above address is:

ARYANNA F. LEE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V

DIRECTORS

This Corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name and address of the initial directors of this Corporation is:

**ARYANNA F. LEE
4961 PELICAN STREET
COCONUT CREEK, FL 33073**

ARTICLE VI

INCORPORATOR

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

**ARYANNA F. LEE
4961 PELICAN STREET
COCONUT CREEK, FL 33073**

ARTICLE VII

INDEMNIFICATION

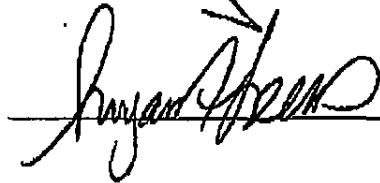
The Corporation shall indemnify any office or director or former director to the full extent permitted by law.

ARTICLE VIII

AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

In witness whereof, the undersigned subscriber has executed these Articles of Incorporation on this 23rd day of January, 2008.



State of Florida
County of Broward

I hereby certify that on this 23rd day of January, 2008,
ARYANNA F. LEE appeared before me, the undersigned authority,

to me well known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same, freely and voluntarily for the purpose therein expressed.



Notary Public

Seal:



Rick M. Morse
My Commission DD367174
Expires November 08, 2008

CERTIFICATE DESIGNATION

PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA.

NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida Statutes, the following is submitted;

ARYANNA F. LEE, M.D., P.A.

desiring to organize or qualify under the laws of the State of Florida,

with its principal place of business in the city of **COCONUT CREEK**

has named **ARYANNA F. LEE**
located at **4961 PELICAN STREET**
COCONUT CREEK, FL 33073

as its agent to accept service of process within Florida.

Corporate officer _____

Title _____

Date _____

1-23-08

Having been named to accept service of process for the above stated

Corporation, at the place designated in this certificate, I hereby agree to act in

this capacity, and I further agree to comply with the provisions of all statutes

relative to the proper and complete performance of my duties.

Corporate officer _____

Date _____

1-23-08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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