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(City/State/Zip/Phone #)

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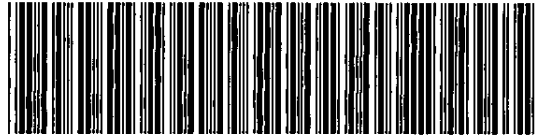
(Business Entity Name)

(Document Number)

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2008 FEB - 7 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X

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COVER LETTER

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

SUBJECT: Arthur Katona, M.D. Professional Association
(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

FROM: Donna Kimmerly
Name (Printed or typed)
Hairclub
Address
1515 S. Federal Highway, Suite 401
Boca Raton, FL 33432
City, State & Zip
561-361-7600 x3232
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF
ARTHUR KATONA, M.D., PROFESSIONAL ASSOCIATION**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I: The name of the professional association is Arthur Katona, M.D., Professional Association (the "Association").

Article II: The principal place of business and mailing address of the Association is: 701 Northpoint Parkway, Suite 200, West Palm Beach, Florida 33402.


Article III: The Association is organized for the purpose of engaging in the practice of medicine.

Article IV: The aggregate number of shares that the Association is authorized to issue is One Thousand (1,000), all of which shall be without par value.

Article V: The initial Board of Directors shall consist of one director. The name and address of the member who is to serve as the initial director is as follows: Arthur Katona, M.D., 701 Northpoint Parkway, Suite 200, West Palm Beach, Florida 33402.

Article VI: The name and address of the initial registered agent of the Association is: Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301.

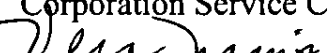
Article VII: The name and address of the Incorporator is as follows: Arthur Katona, M.D., 701 Northpoint Parkway, Suite 200, West Palm Beach, Florida 33402.



Arthur Katona, M.D.
Incorporator

**REGISTERED AGENT AFFIDAVIT AND ACKNOWLEDGEMENT OF
ACCEPTANCE**

I hereby acknowledge and accept the appointment of registered agent for and on behalf of Arthur Katona, M.D., Professional Association in the state of Florida.

By: Corporation Service Company


Signature/Registered Agent Vera Norris, Auth. Representative

January 10, 2008
Date