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FAX NO.

P. 01/02

Division of Corporations

Page 1 of 1

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Florida Department of State  
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To:

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

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT  
Account Number : I20030000037  
Phone : (561) 835-8500  
Fax Number : (561) 650-8530

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

Neil S. Shachter, M.D., P.A.

Certificate of Status	0
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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:

NEIL S. SHACHTER, M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**The principle street address and mailing address, if different is:Unit #2707  
7419 Avenida Del Mar  
Boca Raton, FL 33433**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Providing physician services and medical care to the general public through physicians specializing in cardiology, and any and all other lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

List name(s), address(es) and specific title(s):


Neil S. Shachter, M.D., President, Secretary, Treasurer and Director  
Unit # 2707  
7419 Avenida Del Mar  
Boca Raton, FL 33433**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Corporation Company of Miami  
250 Australian Ave.  
Suite 500 [JAF]  
W. Palm Beach, FL 33401**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:James A. Farrell, as authorized agent  
250 Australian Ave.  
Suite 500  
W. Palm Beach, FL 33401

\*\*\*\*\*

*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*  
\_\_\_\_\_  
Signature/Registered Agent

3-21-08

Date

  
\_\_\_\_\_  
Signature/Incorporator

3-21-08

Date

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