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| Limited Liability  Domestication   | Change of Registered Agent Dissolution/Withdrawal |   |
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| THER FILINGS   | REGISTRATION/QUALIFICATION                        |   |
| Annual Report  | Foreign   |   |
| Fictitious Name  | Limited Partnership Reinstatement                 | ٠ |
|  | Trademark Other                                   |   |
|  |   |   |
| ;  | Examiner's Initials                               |   |

#### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

Center for Neurology and Sleep, Inc.
ARTICLE 11 - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

mailing: P.O. Box 161738 Miami, FL 33116 121**53**SW 131 Ave. Miami, FL 33186

#### **ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Salim Dib 12153 SW 131 Are Miami, FL 33186

#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

12153 SW 131 A-Me

Minami, FL 33186

The undersigned incorporator has executed these Articles of Incorporation this 4th day of August 2008

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Solim Dib, MD

Nicole Dib,

President

Vice-President

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature