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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

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DEPARTMENT OF STATE
09 JAN 14 PM 3:09

FLORIDA PROFIT/NON PROFIT CORPORATION

PAUL LOUIS, M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
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TALLAHASSEE, FLORIDA

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B. McKnight JAN 15 2009

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:

PAUL LOUIS, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

7429 London Lane, Boca Raton,FL,33433

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

EMERGENCY MEDICINE SERVICES

ARTICLE IV SHARES
The number of shares of stock is:

1000@0.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):

PAUL LOUIS
7429 LONDON LANE 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 Service Company
1201 Hays Street Tallahassee FL 32301

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

Name: Corporation Service Company

Address: 1201 Hays Street Tallahassee FL 32301

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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

Corporation Service Company Doreen Wallace Assistant Vice President

By Doreen Wallace 1/14/09
Signature/Registered Agent Date

Corporation Service Company
By: 01/14/09
Signature/Incorporator Date

Name: Dr. Paul Louis
Title: Incorporator