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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

RECEIVED
DEPARTMENT OF STATE
09 JAN 14 PM 3:09
DOR

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/mailling address is:

7429 London Lane, Boca Raton, FL, 33433

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

Having been named as registered agent to accept services 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 to act in this capacity

Corporation Service Company Assistant Vice President
By: [Signature] Date: 1/14/09
Signature/Registered Agent
Corporation Service Company
By: [Signature] Date: 01/14/09
Signature/Incorporator
Name: Dr. Paul Louis
Title: Incorporator

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