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**FLORIDA PROFIT/NON PROFIT CORPORATION
NIKU MEDICAL PA**

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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:

NIKU MEDICAL PA

ARTICLE II PRINCIPAL OFFICE

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

**5640 SPINNAKER LOOP
LADY LAKE, FLORIDA 32159**

ARTICLE III SHARES

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

200 SHARES AT NO PAR VALUE

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of : **MEDICINE**

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Prepared By:

Bruce B. Hubbard

77 East John St.

Hicksville, New York 11801

1-516-935-3940

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHRIKANTH UPADYA
5640 SPINNAKER LOOP
LADY LAKE, FLORIDA 32159

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

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

SHRIKANTH UPADYA-PRESIDENT/DIRECTOR
5640 SPINNAKER LOOP
LADY LAKE, FLORIDA 32159

ARTICLES VII INCORPORATOR(S)

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

SHRIKANTH UPADYA
5640 SPINNAKER LOOP
LADY LAKE, FLORIDA 32159

ARTICLES VII EFFECTIVE DATE

The date of Corporate Existence shall begin is:

Upon Filing

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13 day of DECEMBER 20 16


SHRIKANTH UPADYA
SIGNATURE

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: NIKU MEDICAL PA

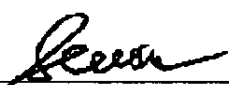
2. The name and address of the registered agent and office is:

SHRIKANTH UPADYA
Name

5640 SPINNAKER LOOP
(P.O. Box or Mail Drop Box NOT Acceptable)

LADY LAKE, FLORIDA 32159
(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


SHRIKANTH UPADYA
SIGNATURE

12/13/2016
(Date)

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