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From: Account Name : FOLEY & LARDNER  
Account Number : I1998000047  
Phone : (407)423-7656  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA PROFIT/NON PROFIT CORPORATION

Marley Medical Provider Group, P.A.

Certificate of Status	0
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D. O'KEEFE

JAN 13 2022

**ARTICLES OF INCORPORATION  
OF  
MARLEY MEDICAL PROVIDER GROUP, P.A.**

The undersigned, acting as incorporator of a professional service corporation being formed under the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, and the Florida Business Corporation Act, Chapter 607, Florida Statutes, adopts the following Articles of Incorporation:

**ARTICLE I**

**Name**

The name of the corporation is Marley Medical Provider Group, P.A. (the "Corporation").

**ARTICLE II**

**Principal Office and Mailing Address**

The Corporation's mailing address and principal place of business is:

2858 University Ave #266  
Madison, WI 53705

**ARTICLE III**

**Nature of Business**

The purpose of the Corporation is to engage in the practice of medicine through its duly licensed officers, employees, and agents, perform all activities appropriate to the rendition of such services and own property and invest its funds as authorized by applicable Florida law.

**ARTICLE IV**

**Capital Stock**

The Corporation shall have authority to issue One Thousand (1,000) common shares with a par value of \$0.01 per share.

**ARTICLE V**

**Initial Registered Agent and Office**

The street address of the Corporation's initial registered office is 1200 South Pine Island Road, Plantation, FL 33324, and the name of the Corporation's initial registered agent at that address is C T Corporation System.

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**ARTICLE VI**  
**Incorporator**

The name and address of the incorporator is:

Name

Address

Vikram Bakhru, M.D.

2858 University Ave #266  
Madison, WI 53705

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.*

Dated this 12th day of January, 2022.

DocuSigned by:

Vik Bakhru

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Vikram Bakhru, M.D.  
Incorporator

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TALLAHASSEE, FLORIDA

FILED

**ACCEPTANCE BY REGISTERED AGENT**

*Having been named as registered agent to accept service of process for the above state Corporation at the place designated herein, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

Dated this 12th day of January, 2022.

**C T CORPORATION SYSTEM**

By: Kathryn A. Widdoes  
Print Name: Kathryn A. Widdoes  
Title: Asst Secretary