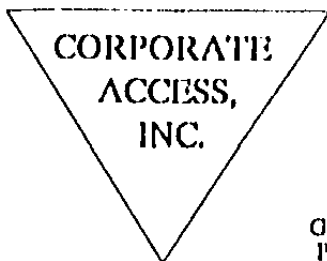


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1116-D Thomasville Road
Mount Vernon Square
Tallahassee, Florida 32303
(904) 222-2666
(904) 222-1666 (Fax)
(800) 969-1666

GLINDA P. BENNETT
Personal Representative

RECEIVED
JAN 17 1995
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Boca Medical Associates Inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

1-17-20

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:16

1-17
KAN

ARTICLES OF INCORPORATION

of
HUGA MEDICAL ASSOCIATES, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

HUGA MEDICAL ASSOCIATES, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of twenty cents Dollar(s) (\$ 0.20) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is: and principal office is:

NAME	Martin Hughes		
ADDRESS	2762 NW 120th Way		
CITY	Coral Springs	FLORIDA	ZIP 33065

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Martin Hughes		
ADDRESS	2762 NW 120th Way		
CITY	Coral Springs	STATE Florida	ZIP 33065
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

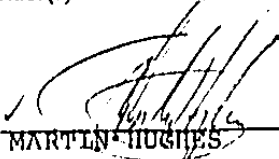
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95 JAN 17 PM 1:16
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE VII - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

NAME	Martin Hughes		
ADDRESS	2762 NW 120th Way		
CITY	Coral Springs	STATE	Florida ZIP 33065
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 3rd day of January, 19 95.


 _____ (Seal)
 MARTIN HUGHES
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
) SS
 COUNTY OF BROWARD)

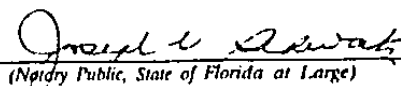
before me, a Notary Public authorized to take acknowledgement in the State and County set forth above, personally appeared

Martin Hughes

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation.

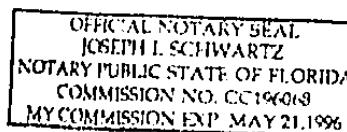
IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 10th day of January, 19 95.

(Notary Seal)



 (Notary Public, State of Florida at Large)

My Commission expires:



CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

BOCA MEDICAL ASSOCIATES, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 2762 NW 120th Way

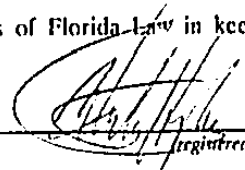
Coral Springs, Florida 33065

has named Martin Hughes

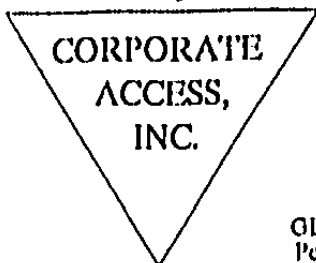
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation at
the place designated in this certificate, I hereby accept to act in this capacity, and agree
to comply with the provisions of Florida law in keeping open said office.

✓ 
(registered agent)

P9500004085



1116-D Thomasville Road
Mount Vernon Square
Tallahassee, Florida 32303
(904) 222-2666
(904) 222-1666 (Fax)
(800) 969-1666

GLINDA P. BENNETT
Personal Representative

ESTABLISHED 1981
TALLAHASSEE, FLORIDA
*****87.50 *****87.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BoCA Medical Associates, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 5-31 11:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
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<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
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AMENDMENTS	
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<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 RECEIVED
 95 MAY 31 AM 10:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 DIVISION OF CORPORATION

Handwritten initials: JDS, ORG, 5/31

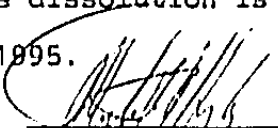
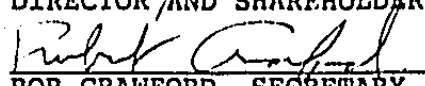
Examiner's Initials

ARTICLES OF DISSOLUTION
OF

BOCA MEDICAL ASSOCIATES, INC.

FILED
55 MAY 31 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


1. The name of the Corporation is BOCA MEDICAL ASSOCIATES
INC.
2. The date dissolution was authorized was May 26, 1995.
3. The dissolution was unanimously approved by the
Shareholders of the Corporation.
4. The effective date of the dissolution is May 31, 1995.
Dated this 26 day of May, 1995.


MARTIN M. HUGHES, PRESIDENT,
DIRECTOR AND SHAREHOLDER

BOB CRAWFORD, SECRETARY,
DIRECTOR AND SHAREHOLDER

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me this 26th
day of May, 1995, by MARTIN M. HUGHES, President, Director and
Shareholder of BOCA MEDICAL ASSOCIATES, INC., who is personally
known to me or if not has produced DRIVERS LICENSES as
identification.



Notary Public

My Commission Expires:



OFFICIAL SEAL
YVONNE M. VIMONT
My Commission Expires
July 21, 1996
Comm. No. CC 216882

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me this 26
day of May, 1995, by BOB CRAWFORD, Secretary, Director and
Shareholder of BOCA MEDICAL ASSOCIATES, INC., who is personally
known to me or if not has produced Proper License as
identification.

[Signature]
Notary Public

My Commission Expires:



OFFICIAL SEAL
YVONNE M. VIMONT
My Commission Expires
July 21, 1996
Comm. No. CC 216882

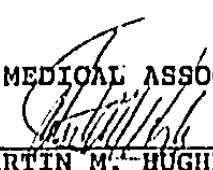
CONSENT OF SHAREHOLDERS

The undersigned, being the Shareholders of BOCA MEDICAL ASSOCIATES, INC., do hereby consent to its dissolution pursuant to the attached Articles of Dissolution.

Dated the 26 day of May, 1995.

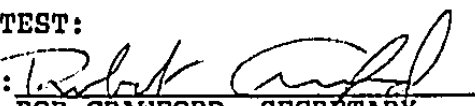
BOCA MEDICAL ASSOCIATES, INC.

By:


MARTIN M. HUGHES, PRESIDENT,
DIRECTOR AND SHAREHOLDER

ATTEST:

By:


BOB CRAWFORD, SECRETARY,
DIRECTOR AND SHAREHOLDER

A:Articles.Dis
JLS/dig (Corporations #4)
5/15/95