

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 SECRETARY OF STATE
 DIVISION
 95 JUL 31 AM 10:57

22 7/31/95

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____ CK No. _____
 BY AAK _____

WALK-IN Will Pick Up 7.31 1100

RE: Community Neurology (a)

Capital PD

	C.C. FEE.	DISBURSED
Capital Express™		
✓ Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
✓ () Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement	7000001543417	
Reg. Agent Service	-07/31/95-01017-001	
Document Filing	***122.50	***122.50
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prop.		
FAX () pgs.		
SUBTOTALS		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

LAW OFFICE OF J. MICHAEL RYON

5124 TROUBLE CREEK ROAD
NEW PORT RICHEY, FLORIDA 34652
TELEPHONE (813) 847-4320

July 24, 1995

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32301

RE: COMMUNITY NEUROLOGICAL CENTER, P.A.

Gentlemen:

Enclosed herewith is the original and a copy of the Articles of Incorporation for COMMUNITY NEUROLOGICAL CENTER, P.A., along with our check in the amount of \$122.50 to cover the following costs:

Filing Fee	\$35.00
Certified Copy Fee	\$52.50
Resident Agent	\$35.00

Please return a certified copy.

Very truly yours,

J. Michael Ryon
J. Michael Ryon, Esq.

Enclosures: 3

JMR:ljf

ARTICLES OF INCORPORATION
OF
COMMUNITY NEUROLOGICAL CENTER, P.A.

FILED
SECRETARY OF STATE
95 JUL 31 AM 10:57

We, the undersigned, whose names are hereunto subscribed, make this certificate for the purpose of forming a corporation to be known as COMMUNITY NEUROLOGICAL CENTER, P.A. and hereby associate ourselves together for the purpose of becoming such corporation for profit under the laws of the State of Florida for the purpose and with the rights, powers and objects hereinafter set forth as follows:

ARTICLE I

NAME

The name of the corporation shall be COMMUNITY NEUROLOGICAL CENTER, P.A.

ARTICLE II

NATURE OF BUSINESS

This corporation is organized for the purpose of providing to the public the same professional services as would be provided by a physician, and it may engage in any activity which business professional corporations are permitted to engage in under the laws of the United States and the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is One Hundred (100) shares non par value common stock.

ARTICLE IV

INITIAL CAPITAL

The amount of capital with which this corporation will begin business is Five Hundred Dollars (\$500.00).

ARTICLE V
TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI
ADDRESS

The initial street address of the principal office of this corporation in the State of Florida is 11371 Cortez Blvd., Suite 109, Brooksville, Florida 34613. The Board of Directors may from time to time move the principal office to any other address in the State of Florida.

ARTICLE VII
DIRECTORS

This corporation shall have two (2) directors. The number of directors may be increased from time to time by virtue of by-laws adopted by the stockholder but shall never be less than one (1).

ARTICLE VIII
INITIAL DIRECTORS

The name and address of the member of the first Board of Directors are:

NAME:	ADDRESS:
MOHAMAD IQBAL SALEH	11371 Cortez Blvd., Suite 109 Brooksville, FL 34613
DAVID W. MALKA	11371 Cortez Blvd., Suite 109 Brooksville, FL 34652

ARTICLE IX
INITIAL OFFICERS

The names and addresses of the officers of this corporation, who, subject to these Articles of Incorporation, the by-laws of this corporation and the laws of the State of Florida, shall hold office for the first year of the existence of this corporation, or until an election is held by the directors of this corporation for the election of permanent officers, or until the successors have been duly elected and qualified are:

NAME:	ADDRESS:	OFFICE
MOHAMAD IQBAL SALEH	11371 Cortez Blvd., Ste. 109 Brooksville, FL 34613	Pres./Treas.
DAVID W. MALKA	11371 Cortez Blvd., Suite 109 Brooksville, FL 34652	VP/Sec.

ARTICLE X

SUBSCRIBERS

The names and addresses of each of the subscribers to these Articles of Incorporation and the number of shares each agrees to take are:

NAME:	ADDRESS:	SHARES:
MOHAMAD IQBAL SALEH	11371 Cortez Blvd., Suite 109 Brooksville, FL 34613	65
DAVID W. MALKA	11371 Cortez Blvd., Suite 109 Brooksville, FL 34613	35

ARTICLE XI

REGISTERED AGENT

The corporation has named MOHAMAD IQBAL SALEH, 11371 Cortez Blvd., Suite 109, Brooksville, Florida 34613, as its registered agent to accept service of process within the State of Florida.

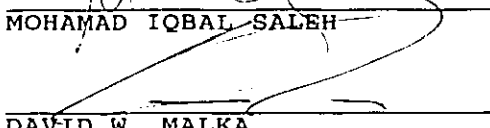
ARTICLE XII

AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law; every amendment shall be approved by the Board of Directors proposed by them to the stockholders and approved at a stockholders meeting by majority of the stock entitled to vote thereon unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.



MOHAMAD IQBAL SALEH



DAVID W. MALKA

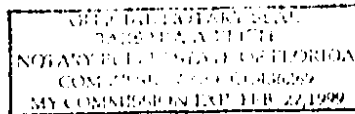
STATE OF FLORIDA
COUNTY OF PASCO

FILED
SECRETARY OF STATE
NOTARIES

BEFORE ME, the undersigned authority, duly ^{95 JUL 31 10 57 AM} authorized, do hereby acknowledge, appeared MOHAMAD IQBAL SALEH and DAVID W. MALKA, personally known to me to be the persons described in the foregoing Articles of Incorporation as the subscriber thereto and who executed the foregoing Articles of Incorporation and they acknowledged before me that they subscribed to such Articles Of Incorporation.

WITNESS my hand and seal this 25 day of July, 1995, at New Port Richey, Pasco County, Florida.

My Commission Expires:



Barbara A. Reich
Notary Public

Acceptance of Registered Agent

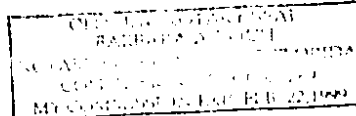
I hereby am familiar with and accept the duties and responsibilities as registered agent for COMMUNITY NEUROLOGICAL CENTER, P.A.

N 8
MOHAMAD IQBAL SALEH

STATE OF FLORIDA
COUNTY OF PASCO

SWORN AND SUBSCRIBED to before me this 25 day of July, 1995. Personally known or form of ID proper id.

My Commission Expires:



Barbara A. Reich
Notary Public

COMMUNITY NEUROLOGICAL CENTER, P.A.

11479 Cortez Blvd.

Brooksville, Florida 34613

Phone: (352) 597-4949

P95000058715

July 10, 1997

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

Reference : Document # P95000058715
Notice of Change of address.

Gentlemen:

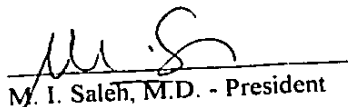
Please be advised that our address has changed and all further correspondence should be directed to:

Community Neurological Center, P.A.
11479 Cortez Blvd.
Brooksville, FL 34613

Kindly correct your records to reflect the above.

Thank you.

Yours truly,



M. I. Saleh, M.D. - President
Community Neurological Center, P.A.

KS 7/24