

REFERENCE : 650982 81806A Patricia Proits AUTHORIZATION :

COST LIMIT : \$ 122.50

ORDER DATE : July 31, 1995

ORDER TIME : 9:38 AM

ORDER NO. 1 650982

CUSTOMER NO:

818064

CUSTOMER: No. Janenne R. Horger

DAVID FRIEDMAN, P.A.

Suite A201

2699 Stirling Road

Ft. Lauderdale, FL 33312

DOMESTIC FILING

NAME: JOEL S. POLICZER, M.D., P.A.

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XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

T. BROWN JUL 3 1 1995

ARTICLES OF INCORPORATION

/110

JOEL B. POLICKER, M.D., P.A.

95 JU 31 M 2 54

The undersigned incorporator hereby forms a corporation under Chapter 621 of the laws of the State of Florida.

ARTICLE I - NAME

The name of this corporation shall be:

JOEL S. POLICZER, M.D., P.A.

The address of the principal office of this corporation shall be 201 N.W. 82nd Avenue, Suite 503, Plantation, FL 33324, and the mailing address shall be the same.

ARTICLE II - NATURE OF BUSINESS

This corporation may engage in every aspect of the business of rendering the same professional services to the public that a medical office, duly licensed doctors, duly licensed under the laws of the State of Florida, is authorized to render. This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation upon the filing of these Articles with the Department of State.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of \$.50 par value common stock which shall be designated "Common Shares".

ARTICLE IV - ADDRESS

The street address of the initial registered office of the corporation shall be 201 N.W. 82nd Avenue, Suite 503, Plantation, FL 33324, and the nume of the initial registered agent of the corporation at that address is shall be JOEL S. POLICZER, M.D.

ARTICLE V - TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI - OFFICER(S) AND DIRECTOR(S)

This corporation shall have one officer and one director, initially. The name and address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed in:

HMAN

ADDRESS

JOEL S. POLICZER, M.D. 201 N.W. 82nd Avenue, Suite 503 Plantation, FL 33324

ARTICLE VII - INCOMPORATOR(S)

The name and street address of the incorporator to those Articles of Incorporation is:

NAME

ADDRESS

JOEL S. POLICZER, M.D. 201 N.W. 82nd Avenue, Suite 503 Plantation, FL 33324

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this day of July, 1995.

Subscriber

STATE OF FLORIDA

COUNTY OF BROWARD

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared JOER S. POLICEER, M.D., known to be and known by me to be the persons who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation. Who is personally known to me and/or has presented as identification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 27 day of July, 1995.

Notary Public State of Florida at Large

My commission expires:

ELAINE SANDAK

MY COMMISSION # 00350929 EXPIRES

Maich 11, 1938

BONDED THRU TROY FAIN INSURANCE -MC.

CERTIFICATE DESIGNATING PLACE OF BUSTNESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST--THAT JOEL S. POLICZER, M.D., P.A. DESIRING TO ORGANIZE OR QUALITY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF PLANTATION, STATE OF FLORIDA, HAS NAMED JOEL S. POLICZER, M.D., LOCATED AT 201 N.W. 82ND AVENUE, CITY OF PLANTATION, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATUR	RE	17/	72		٠,
TITLE_	رآءرا	∫	1.1	 	
DATE	7/:	27/	95	 	

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPERTY DERFORMANCE OF MY DUTIES.

DATE 7/27/015

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95 JUL 31 FILE 54

SECRETARIA FATE

TALLARISHES FOR A PATE