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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl 32314

000001567890
-08/23/95--01084--004
****131.25 ****131.25

SUBJECT: COASTAL NEUROLOGY CONSULTANTS INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

- [ ] $70.00 Filing Fee
- [ ] $78.75 Filing Fee & Certificate
- [ ] $122.50 Filing Fee & Certified Copy
- [x] $131.25 Filing Fee, Certified Copy & Certificate

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 23 PM 12:04

FROM: Paul Elliott
Name (printed or typed)
2848 S.E. FEDERAL HWY
~~9244 Mystic Cove Terrace~~
STUART, FL 34994
~~Hobe Sound, Florida 33455~~
City, State & Zip
407-288-6300
~~407-545-9805~~
Daytime Telephone number

Paul Elliott GAVE AUTHORIZATION BY PHONE TO
CORRECT R.A. Address
DATE 8/24/95
DOC. EXAM. CJ

NOTE: Please provide the original and one copy of the articles.

CJ 8/24/95

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG 23 PM 12:04

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: COASTAL NEUROLOGY CONSULTANTS INC.

ARTICLE II PRINCIPAL OFFICE

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

9244 Mystic ~~Cove~~ Terrace
Hobe ~~Sound~~, Florida 33455

2848 S.E. FEDERAL HWY
STUART, FL 34994

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAUL ELLIOTT
2848 SE FEDERAL HWY.
STUART, FL 34994

ARTICLE V INCORPORATOR(S)

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

Paul Elliott
9244 Mystic Cove Terrace
Hobe Sound, Florida 33455

2848 SE FEDERAL HWY
STUART, FL, 34994

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

18th day of August, 1995.

Paul A Elliott
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 23 PM 12:01

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Coastal Neurology Consultants Inc.

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

Paul Elliott
2848 SE FEDERAL Hwy
~~9244~~ Mystic Cove Terrace
(P.O. Box not acceptable)
STUART FL 34994
Hobe ~~Sound~~, Florida 33455
(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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Paul Elliott
(Signature)

August 18, 1995
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314