(((Hg 000009 COVER SHEET TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT COMPANY DEPARTMENT OF STATE 1492 W FLAGLER ST STATE OF FLORIDA SUITE 200 MIAMI FL 33135-409 EAST GAINES STREET -0000 TALLAHASSEE, FL 32399 CONTACT: RAY STORMONT FAX: (9041 922-4000 PHONE: (305) 541-3694 FAX: (305) 641-3770 (((H95000009725))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. NAME: BRANDON E. KALLMAN M.D., P.A. FAX AUDIT NUMBER: H95000009725 CURRENT STATUS: REQUESTED DATE REQUESTED: 08/31/1995 TIME REQUESTED: 16:03:13 CERTIFIED COPIES: 0 NUMBER OF PAGES: 6 CERTIFICATE OF STATUS: 0 METHOD OF DELIVERY: FAX ESTIMATED CHARGE: \$70.00 ACCOUNT NUMBER: 072450003255 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H95000009725))) ** INVALID SELECTION...PLEASE RE-ENTER ** ENTER SELECTION AND (CR): Help F1 Option Menu F2 NUM CAPS Connect: 00:05:5 Spiring B

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FLORIDA DEPARIMENT OF STATE Sandra B. Mortham Secretary of State

September 1, 1995

EMPIRE CORPORATE KIT COMPANY

MIRMI, FL

SUBJECT: BRANDON E. KALLMAN, M.D., P.A.

REF: W95000017547

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The specific nature of business of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-5934.

Loria Poole Corporate Specialist

FAX Aud. #: H95000009725 Letter Number: 495A00040782

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

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ARTICLES OF INCORPORATION

OF

BRANDON E. KALLMAN M.D., P.A.

ž THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

BRANDON E. KALLMAN M.D., P.A. ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business and mailing address of this corporation shall be: 820 Arthur Godfrey Road Suite 202 Hismi Beach, Fl. 33140

ARTICLE IV

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, vixi To practice Medicine.

Transact any and all lawful business. (2)

Said corporation shall further have powers:

To have perpetual succession by its corporate name;

To sue and be sued, complain, and defend in its corporate name in all actions or proceedings;

To have a corporate seal, which may be altered at pleasure, and to use the same by causing it, or a facsimile thereof, to be impressed, affixed, or in any other manner reproduced;

CTEIZA É ASSOC. 121 MAYORCA AVE. CORAL GABLES, FL 53134 (305) 445. BBOA Sr. OTETZA

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To purchase, take, receive, lease, or otherwise acquire, own, hold, improve, use, and otherwise deal in and with real or personal property or any interest therein, wherever situated;

To soll, convey, mortgage, pledge, create a security interest in, lease, exchange, transfer, and otherwise dispose of all or any part of its property and assets;

To lend money to, and use its credit to assist, its officers and employees in accordance with Florida Statute S607.141;

To purchase, take, receive, subscribe for, or otherwise acquire, own, hold, vote, use, employ, sell, mortgage, lend, pledge, or otherwise dispose of, and otherwise use and deal in and with, shares or other interests in, or obligations of, other domestic or foreign corporations, associations, partnerships, or individuals, or direct or indirect obligations of the United States or of any other government, state, territory, governmental district, or municipality or of any instrumentality thereof;

To make contracts and guarantees and incur liabilities, borrow money at such rates of interest as the corporation may determine, issue its notes, bonds, and other obligations, and secure any of its obligations by mortgage or plodge of all or any of its property, franchises, and income;

To lend money for its corporate purposes, invest and reinvest its funds, and take and hold real and personal property as security of the payment of funds so lonned or invested;

To conduct its business, carry on its operations, and have offices and exercise the powers granted by this act within or without this state;

To elect or appoint officers and agents of the corporation and define their duties and fix their compensation.

To make and alter bylaws, not inconsistent with its articles of incorporation or with the laws of this state, for the administration:

To make denations for the public welfare or for charitable, scientific, or educational purposes;

To transact any and all lawful business which the board of directors shall find will be in aid of governmental policy;

To pay pensions and establish pension plans, profit sharing plans, stock bonus plans, stock option plans, and other incontive plans for any or all of its directors, officers, and employees and for any or all of the directors, officers, and employees of its subsidiaries;

To be a promoter, incorporator, partner, member, associate, or manager of any corporation, partnership, joint venture, trust, or other enterprise;

To have and exercise all powers necessary of convenient to effect its purposes;

To indemnify any person who by reason of the fact that he is or was a director, officer, employee or agent of the corporation to the full extent as permitted by Florida Statue 5607.014:

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is the total sum of 60 shares, having an individual par value of non-par value

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

Brandon E. Kallman M.D. 5005 Collins Ave. # 1508 Miami Beach, Fl. 33140

ARTICLE VII

The initial board of Directors shall consist of a total of 1 person(s) and the name and address of the person(s) whose to serve as an initial director(s) is:

Braudon E. Kallman M.D. 5005 Collins Ave. # 1508 Mismi Beach, Fl. 33140

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Brandon E. Kallman H.D. 5005 Collins Ave. #1508 Miami Beach, Fl. 33140

The undersigned has executed these Ar icles of Incorporation this 7th day of July ,1995

Incorporator Brandon E. Kallman M.D.

4

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

First that Brandon E. Kaliman MD, PA	
(Name of Corporation) desiring to organize under the laws of the State of	Florida
with its principal office, as indicated in the artificorporation has named Brandon E. Kallman M.D.	Florida) icles of
located at Mismi Booch (Name of Registered Age	•
State of Florida, as its agent to accept service of prothis sate.	ty) cess within

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 DUTLES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Sandon E Calman Ung
Registered Agent
Brandon E. Kallman M.D.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORINA

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