

P96000007281

FILED

96 JAN 19 AM 10:16

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

January 18, 1996

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399
Phone 904/487-6052

Subject: SOUTH FLORIDA NEUROLOGY, INC.

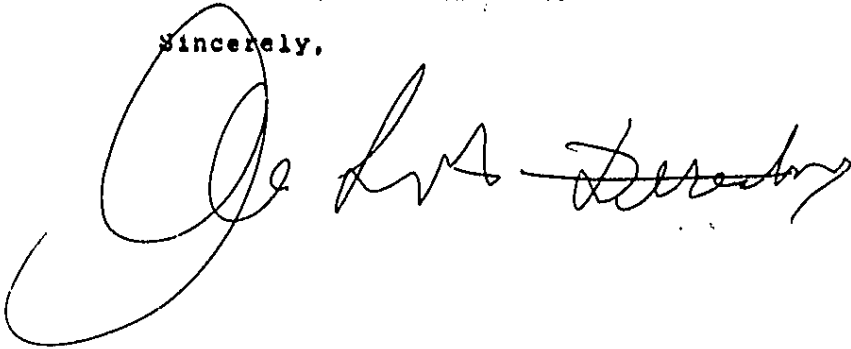
To whom it may concern,

Enclosed is an original and one (1) copy of the Articles of Incorporation for the above captioned corporation, and a check in the amount of \$122.50.

Also enclosed please find a completed UPS next day AIR BILL, please return the articles VIA this a/r bill.

Thanking you in advance.

Sincerely,



300001693403
-01/19/96--01076--002
****122.50 ****122.50

DH 1/24/96

ARTICLES OF INCORPORATION

OF
SOUTH FLORIDA NEUROLOGY, INC.

95 JAN 19 ALLI 14

The undersigned incorporator, for the purpose of forming a FLORIDA corporation under the Florida Business Corporation Act, hereby FLORIDA adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SOUTH FLORIDA NEUROLOGY, INC.

ARTICLE II PRINCIPAL OFFICE

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

2508 N.E. 17TH TERRACE
FT. LAUDERDALE, FL. 33305

ARTICLE III SHARES

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

SIXTY (60)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAMES MILNE
2508 N.E. 17TH TERRACE
FT. LAUDERDALE, FL. 33305

CONTINUED ON NEXT PAGE

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation is:

JAMES MILNE
2508 N.E. 17TH TERRACE
FT. LAUDERDALE, FL. 33305

The undersigned incorporator has executed these Articles of incorporation this 17 day of JANUARY, 19 76.


SIGNATURE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

FILED

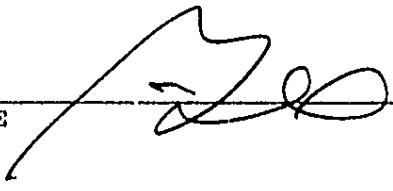
PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501 OF FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION OF THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA. TALLAHASSEE, FLORIDA

1. The name of the corporation is: SOUTH FLORIDA NEUROLOGY

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

JAMES MILNE
2508 N.E. 17TH TERRACE
FT. LAUDERDALE, FL. 33305

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.

SIGNATURE 

DATE 1/17/96