TRANSMITTAL LETTER

95 OCT 23 PH 2: 00

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

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		tolosy and Gutane name - mustinclude st		1C .	
Enclosed is an origina for : \$70.00 Filing Fee	Il and one (1) co \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131,25 Filing Fee, Certified Copy & Certificate	and a check	
FROM:		Martin, D.O.			•
	182 Fort '	Thompson Avenue Address	····		
		Florida 33935 y, State & Zip			
	0/1-675-11	373			

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

Daytime Telephone number

ARTICLES OF INCORPORATION

25 OCT 25 ON 2:00

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:

The Centre for Dermatology and Cutaneous Surgery, Inc.

ARTICLE II PRINCIPAL OFFICE

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

182 Fort Thompson Avenue

LaBelle, Florida 33935

ARTICLE III SHARES

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

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Jeffrey N. Martin, D.O.

182 Fort Thompson Avenue

LaBelle, Florida 33935

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Joffrey N. Martin, D.O.

182 Fort Thompson Avenue

LaBelle, Florida 33935

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

19th day of Getober

(An additional article must be added if an effective date is requested.)

Signature

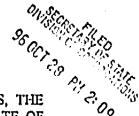
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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.

1.	The name of the corporation is:	Inc.
2.	The name and address of the registered agent and office is:	
	Jeffrey N. Martin, D.O. (NAME)	
•	182 Fort Thompson Avenue (P.O. Box or Mail Drop Hox NOT ACCEPTABLE)	
	LaBelle, Florida 33935 (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.

Jeffrey N. Martin, D.O. 10/19/90 (DATE)