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PHONE: (305) 274-4600

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NAME: GARY C. KUSHNER, M.D., P.A.

AUDIT NUMBER.....H96000017789

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 7, 1997

BERENFELD SPRITZER ET AL

SUBJECT: GARY C. KUSHNER, M.D., P.A.  
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Terri Buckley  
Corporate Specialist

FAX Aud. #: E96000017789  
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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

OF

GARY C. KUSHNER, M.D., P.A.

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:

GARY C. KUSHNER, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

16800 N.W. 2ND AVENUE  
SUITE 102  
NORTH MIAMI, FL 33169

ARTICLE III CORPORATE CAPITALIZATION

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

7500 SHARES, \$1 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of initial registered agent is:

GARY C. KUSHNER, M.D.  
16800 N.W. 2ND AVENUE  
SUITE 102  
MIAMI, FLORIDA 33169

BERENFELD, SPRITZER, SHECHTER & SHNER  
7700 N. KENDALL DRIVE, SUITE 805  
MIAMI, FLORIDA 33156  
(305) 274-4600

ARTICLE V INCORPORATOR(S)

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

GARY C. KUSHNER, M.D.  
16800 N.W. 2ND AVENUE  
SUITE 102  
MIAMI, FLORIDA 33169

The undersigned has(have) executed these Articles of Incorporation this 4 day of January, 1997

Gary Kushner MD  
Signature/Title

Gary Kushner MD  
Signature/Title

Gary Kushner MD  
Signature/Title

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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:  
     GARY C. KUSHNER, M.D., P.A.
2. The name and address of the registered agent and office is:  
     GARY C. KUSHNER, M.D.  
     16800 N.W. 2ND AVENUE  
     SUITE 102  
     MIAMI, FLORIDA 33169

SIGNATURE Gary Kushner MD  
                     (Corporate Officer)  
 TITLE Physician  
 DATE 1/4/97

HAVING BEEN NAMED 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Gary Kushner MD  
 DATE 1/4/97