

P97000071231

August 12, 1997

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

SUBJECT: NORTHRIDGE NEUROLOGY, INC. 800002268278--7  
-08/15/97--01055--011  
\*\*\*\*122.50 \*\*\*\*122.50

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 you will find a completed FEDERAL EXPRESS NEXT DAY Air bill, please return the articles of incorporation via this air bill.

Thanking you in advance for your attention to this matter.

AUG 18

BSB

SEP 15 1997  
FEDERAL EXPRESS  
122.50

ARTICLES OF INCORPORATION  
OF  
NORTHRIDGE NEUROLOGY, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

NORTHRIDGE NEUROLOGY, INC.

ARTICLE II PRINCIPAL OFFICE

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

851 EAST COMMERCIAL BLVD.  
FORT LAUDERDALE, FLORIDA 33334

ARTICLE III SHARES

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

60 (SIXTY)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HOWARD REED  
399 WEST PALMETTO PARK ROAD  
SUITE 206  
BOCA RATON, FLORIDA 33432

ARTICLE V      INCORPORATOR

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

JEFF MIDDLETON

101 BRINY AVE

POMPANO BEACH, FLORIDA 33338

The undersigned incorporator has executed these Articles of Incorporation this 31st day of July, 1997.

A handwritten signature in dark ink, appearing to read "D. Jeff Middleton", is written over a horizontal line.

Signature

**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: **NORTHRIDGE NEUROLOGY, INC.**
2. The name and address of the registered agent and office is:

**HOWARD REED**  
(Name)

**399 WEST PALMETTO PARK ROAD #206**  
(Address/P.O. Box NOT acceptable)

**BOCA RATON, FLORIDA 33432**  
(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.

*Howard Reed*  
(Signature)

*8/12/97*  
(Date)