TRANSMITTAL LETTER

297000079104

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

EFFECTIVE DATE = 000002290629-2 -09/11/97--01086-006 9-/2-97 *****131.25 *****131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee \$78.75 Filing Fee

& Certificate

\$122.50

Filing Fee

& Certified Copy

\$131.25

Filing Fee. Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: David Lonsdord Name (Printed or typed)

4910 Massachusetts Ave Nov #315

Washington, DC Sest

202-244-2700 Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Na ney Lonsdorf M.D., P.A.

EFFECTIVE DATE

9-12-97

ARTICLE II PRINCIPAL OFFICE

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

1609 South Lake Loleta Dr.

Avon Park, Fl.

33825

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Ken Krumpe 1609 South Lake Loleta Dr. Avon Park, Fl. 33825

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Nancy Lonsdorf M.D. 10125 Lloyd Road, Potomac, MD 20854

Signature/Incorporator

Article VI Effective Date
The effective date and time of the corporation is September (1997, 2004)

ArticleVII Purpose of the professional corporation
The purpose of the corporation is a medical practice.

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

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/Registered Arent

Date