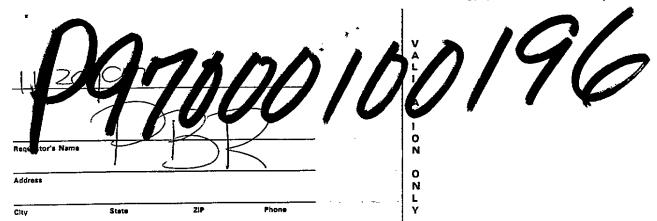
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#### CORPORATION(S) NAME

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## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 21, 1997

**EMPIRE** 

TALLAHASSEE, FL

SUBJECT: PULMONARY MEMORIAL EAST ASSOCIATES, INC.

Ref. Number: W97000026317

We have received your document for PULMONARY MEMORIAL EAST ASSOCIATES, INC.. However, the document has not been filed and is being returned for the following:

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 497A00055886

# ARTICLES OF INCORPORATION

**OF** 

Pulmonary Memorial East Associates, FOC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, does hereby adopt the following articles of incorporation:

## **ARTICLE I**

The name of the corporation is \_\_\_\_\_Pulmonary Memorial East Associates, Fig. ,

#### ARTICLE II

The term of the existence of the corporation is perpetual. The inception date of the corporation and the day it began operations is November 24,1997.

#### ARTICLE III

The general purposes for which the corporation is to provide physician interpretation of pulmonary functions and related tests.

## ARTICLE IV

The aggregate number of shares of stock which the corporation is authorized to issue is One Hundred (100).

#### ARTICLE V

The street address of the initial registered office and the principal place of business of the corporation is <u>Lorn Leitman</u>, and the name of the agent at such address is: <u>7700 North Kendall Drive</u>, <u>Suite 405</u>, <u>Miami</u>, <u>Florida 33156</u>.

# ARTICLE VI

The number of directors constituting the initial board of directors of the corporation is ONE (1). The name and address of the person/persons who is/are to serve as initial board are:

Name

Address

Lorn Leitman

7700 North Kendall Drive, Suite 405

President/ Director

Miami, Florida 33156

#### **ARTICLE VII**

The name and address of the person signing these articles of incorporation is:

Name

Address

Lorn Leitman

7700 North Kendall Drive, Suite 405 Miami, Florida 33156

Executed by the undersigned at Miami, Dade County, Florida on this 18<sup>th</sup> day of November, 19 97.

Lorn Leitman

## ACCEPTANCE BY REGISTERED AGENT:

Having been name to accept service of process for the above named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of Chapter 48.091, Florida Statutes, relative to keeping open said office for service of process.

STATE OF FLORIDA)

COUNTY OF DADE ): SS:

Before me, the undersigned authority, personally appeared <u>Lorn Leitman</u> to me well known to be the person who executed the foregoing ARTICLES OF INCORPORATION and acknowledged before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 18, day of November, 1997.

Cotherme Corcurb

Notary Public, State of Florida, at Large

My Commission Expires:

CATHERINE CORDERO
COMMISSION # CC 362199
EXPIRES APR 6, 1998
BONDED THRU
ATLANTIC BONDING CO., INC.

CERTIFICATE DESIGNATION (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the following is submitte, in compliance with said Act:

First - That <u>Pulmonary Memorial East Associates</u> desiring to organize under the laws of the State of <u>Florida</u> , with its principal office, as indicated in the articles of incorporation at City of <u>Miami</u> ,
County of <u>Dade</u> , State of <u>Florida</u> ,
has named <u>Loro Leitmon</u> ,  (Name of Registered Agent)
located at 7700 N. Kendall Drive, #405
City of <u>Miami</u> , County of <u>Dade</u> ,
State of Florida, as its agent to accept service of process within this state.

ACKNÓWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)
Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

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