## P98000045773

May 15, 1998

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

400002525834---9 -05/18/98--01039--018 \*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: RENAL SPECIALTIES, INC., (Proposed Corporate Name)

Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent and a check for \$122.50. Please return one copy of the Articles stamped with the filing date.

FROM:

Carolyn J. Simon 610 Island Way, Suite 607 Clearwater Beach, Florida 33767

Tel: 813-461-6201

DIVISION OF STATIONS
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## ARTICLES OF INCORPORATION OF RENAL SPECIALTIES, INC.,



ARTICLE I: NAME

The name of the corporation shall be: RENAL SPECIALTIES, INC.

ARTICLE II: PRINCIPAL PLACE OF BUSINESS

The principal place of business of this corporation shall be 610 Island Way, Suite 607. Clearwater Beach, Florida 33767.

ARTICLE III: SHARES

All stock issued by this Corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any time is 1,000.

ARTICLE IV: INITIALED REGISTERED AGENT AND REGISTERED OFFICE The name of the initial registered agent is Carolyn J. Simon, whose registered office is located at the place of business stated in Article II above.

ARTICLE V: INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are: (1) Carolyn J. Simon, 610 Island Way, Suite 607, Clearwater Beach, Fl 33767.

The undersigned incorporators have executed these Articles of Incorporation this 15th day of May 1998.

Carolyn J. Simon



## CERTFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, 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/professional association is:

RENAL SPECIALTIES, INC.,

2. The name of the registered agent and office is:

Carolyn J. Simon 610 Island Way, Suite 607 Clearwater Beach, Fl 33767

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.

CAROLYNI. SIMON

DATE