Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : LORN LEITMAN, C.P.A.

Account Number : I19980000088 : (305)279-8943 Phone Fax Number : (305)271-4421

FLORIDA PROFIT CORPORATION OR P.A.

Northern Keys Pediatrics Services, Inc.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$78.75 |

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FILED

ARTICLES OF INCORPORATION

99 MAY 26 AM 8: 32

OE SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

<u>ARTICLE I</u>

The name of the corporation is Northern Keys Pediatric Services, Inc.

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 June 1, 1999.

ARTICLE III

The general purposes for which the corporation is to provide professional medical services to those in need of medical care.

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 7700 North Kendall Drive. Suite 405, Miami, FL 33156, and the name of the agent at such address is: ___Lorn Leitman.

Lorn Leliman, Esquire

7700 North Kendali Orive, Sulle 405, Miami, FL 33156 (305) 279-8943 fax (305) 271-4421

8ar Number: 562238

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ARTICLE VI

The number of directors constituting the initial board of directors of the corporation is THREE (3). The name and address of the person/persons who is/are to serve as initial board are:

Name

Lorn Leitman (P)

8120 SW 86 Terrace
Miami, FL 33156

Harry R. Nateman (VP)

9700 Calusa Club Drive East
Miami, Fl 33186

David R. Nateman (TR)

2851 Seminole Drive
Coconut Grove, FL 33133

ARTICLE VII

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

Name Address

Lorn Leitman (P) 8120 SW 86 Terrace
Miami, FL 33156

| | Executed by the undersigned at Miami, Dade County, | Florida on this | |
|--------|----------------------------------------------------|-----------------|--|
| day of | , 19 | | |
| | | | |

Lom Leitman

- 2 -

Lorn Leliman, Esquire

7700 North Kendall Drive, Sulte 405, Miami, FL 33156 (305) 279-8943 fax (305) 271-4421

Bar Number: 582238

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ACCEPTANCE BY REGISTERED AGENT:

Having been name to accept service of process for the above named corporation at a capacity place designated in these Articles of Incorporation, I hereby accept to act in this, 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 Lorn Leitman 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

day of May 1999

Notary Public, State of Florida, at Large

My Commission Expires: April 22,2002

CATHIRINE CORDERO

Notary Public - State of Florida

My Commission Expires Apr 22, 2002

Commission # CC735991

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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 NORTHERN KEYS PEDIATRIC SERVICES, INC. desiring to organize under the laws of the State of _____ Florida ____, with its principal office, as indicated in the articles of incorporation at City of ____ Miami.

County of ____ Miami-Dade ____, State of ___ Florida ____, has named ___ Lorn Leitman _____ (Name of Registered Agent)

located at ____ 7700 North Kendall Drive, Suite 405 _____.

City of ____ Miami ____, County of ___ Miami-Dade ____.

State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGMENT: (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.

99 MAY 26 AM 8: 32
SECRETARY OF STATE

Lorn Leitman, Esquire

7700 North Kendall Drive, Suite 405, Mlami, FL 33156 (305) 279-8943 fax (305) 271-4421

Bar Number: &62238