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TRANSMITTAL LETTER

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

600002896936--2
-06/07/99--01130--010
****131.25 *****87.50

SUBJECT: SUDARSAN KAMISETTY MD PA

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

$131.25 towards Filing Fee, Certified Copy & Certificate.

FROM: SUDARSAN KAMISETTY
14428 PIMBERTON DR
HUDSON, FL 34667

FILED
99 JUN -7 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. SMITH JUN 10 1999

ARTICLES OF INCORPORATION

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

ARTICLE I : NAME

The name of the corporation shall be:

SUDARSAN KAMISETTY MD PA

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TALLAHASSEE, FLORIDA

ARTICLE II : PRINCIPAL OFFICE

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

14428 PIMBERTON DR
HUDSON, FL 34667

ARTICLE III : SHARES

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

1000 SHARES OF COMMON STOCK HAVING $1.00 PAR VALUE PER SHARE.

ARTICLE IV : INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SUDARSAN KAMISETTY
14428 PMBERTON DR
HUDSON, FL 34667

ARTICLES V : INCORPORATOR(S)

The names(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

PRESIDENT/ SECRETARY

SUDARSAN KAMISETTY
14428 PIMBERTON DR
HUDSON, FL 34667

ARTICLES VI : TERM OF EXISTENCE

This Corporation is to exist perpetually.

ARTICLES VII : NATURE OF BUSINESS

This Corporation may engage or transact in any or all lawful activities or business permitted under the laws of the UNITED STATES OF AMERICA, and STATE OF FLORIDA or any other state, and more specifically to do **MEDICAL PRACTICE IN PAEDIATRICS.**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

04 day of JUNE, 1999.

Signature (SUDARSAN KAMISETTY)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is:

   SUDARSAN KAMISETTY MD PA

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

   SUDARSAN KAMISETTY
   14428 PIMBERTON DR
   HUDSON, FL 34667

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.

SUDARSAN KAMISETTY (SIGNATURE)

6/4/99
(DATE)