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Division of Corporations

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Resubmission

Florida Department of State
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To: Division of Corporations
Fax Number : (850)922-4001

From: Account Name : 1ST INCORPORATORS, LLC
Account Number : I20000000165
Phone : (561) 626-6700
Fax Number : (561) 776-2266

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

EAR, NOSE & THROAT, PLASTIC SURGERY CENTER P.A.

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$70.00

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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:

EAR, NOSE & THROAT, PLASTIC SURGERY CENTER P.A.

ARTICLE II - PRINCIPAL OFFICE

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

**34835 C.R. 439
Eustis, FL 32736**

ARTICLE III - SHARES

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

1,000 shares of common stock, no par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Neil Persaud
34835 C.R. 439
Eustis, FL 32736**

**Stephen Levy
7100-39 Fairway Dr.
Suite 200
Palm Beach Gardens, FL 33418
(561) 626-6700**

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ARTICLE V - INITIAL DIRECTOR(S)

The names and addresses of the initial members of the corporation's Board of Directors are:

Neil Persaud
34835 C.R. 439
Eustis, FL 32736

ARTICLE VI - NATURE OF BUSINESS

The nature of business of the professional association is the practice of medicine.

ARTICLE VII - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

1ST INCORPORATORS, LLC
7100-39 Fairway Drive
Suite 200
Palm Beach Gardens, FL 33418

The undersigned incorporator has executed these Articles of Incorporation this 22nd day of July, 2000.

1ST INCORPORATORS, LLC

By:  _____
Stephen Levy
(Manager)

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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.

1. The name of the corporation is:

EAR, NOSE & THROAT, PLASTIC SURGERY CENTER P.A.

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

**Neil Persaud
34835 C.R. 439
Eustis, FL 32736**

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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,


Neil Persaud

7/20/00
(Date)

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