Division of Corporatio POLODOO 65910

Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 SECRETARY OF STATE DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

PROFESSIONAL MEDICAL OFFICE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

OF

PROFESSIONAL MEDICAL OFFICE, INC.

The undersigned subscriber(s) to these Articles of Incorporation, each a natural person competent to contract, hereby associate themselves together to form a corporation under the laws of the State of Florida, Chapter 607, Florida Statutes and certify as follows:

ARTICLE I

The name of the corporation shall be **PROFESSIONAL MEDICAL OFFICE, INC.** for convenience the corporation shall be referred to in this instrument as the corporation. The principal place of business of this corporation shall be 1490 West 49th Place, Suite # 205, Hialeah, FL 33012

ARTICLE II

The nature of business of this corporation is to engage in or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE III

The maximum number of shares of stocks that this corporation is authorized to issue are 100 (ONE HUNDRED) shares of Common Stocks with a \$1.00 (ONE DOLLAR) par value per share. Any and all such shares issued, and for which the full consideration has been paid or delivered, shall be deemed fully paid stock and the holder of such shares shall not be liable for any further call of assessment or any other payment thereon.

ARTICLE IV

The street address of the initial registered office of the corporation shall be 1490 West 49th Place, Suite # 205, Hialeah, FL 33125 the register agent at that address is Silvia Yolanda Cespedes

Prepared by: Silvia Yolanda Cespedes 802 NW 87th Ave, Apt.414 Miami FL. 33172 Telephone (305)220-5099

ARTICLE V

This corporation is to exist perpetually.

ARTICLE VI

The corporation shall have two directors, initially. The name(s) and street address(es) of the initial director(s) who shall hold office for the first year of the corporation, or until their successor is elected are:

Silvia Yolanda Cespedes President 802 NW 87th Ave. Apt.414 Miami FL 33172 Maria Antonia Aloise Vice-Fresident 802 NW 87th Ave, Apt.414 Miami, FL 33172

ARTICLE VII

The name(s) and street address(es) of the subscriber(s) these Articles of Incorporation are:

Silvia Yolanda Cespedes 802 NW 87th Ave. Apt.414 Miami, FL 33172 Maria Antonia Aloise 802 NW 87th Ave. Apt.414 Miami, FL 33172

ARTICLE VIII

The private property of the stockholders of the corporation shall not be subject to the payment of corporation debts to any extent whatsoever.

ARTICLE IX

From time to time any of the provisions of these Articles of Incorporation may be amended, altered or repealed, and other provisions authorized by the Laws of the State of Florida at the time in force, may be added.

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IN WITNESS WHEREOF, the undersigned subscriber(s) has (have) Executed these Articles of Incorporation this 28th day of June of the year 2001

IN WITNESS, personally appeared Silvia Yolanda Cespedes and Maria Antonia Aloise, and known by me to be the persons who executed the foregoing Articles of Incorporation and he (she) (they) acknowledged before me that he (she) (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand in the State and County aforesaid this 28th day of June of the year 2001.

Buenavertura Sigarreta

Witness

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for **PROFESSIONAL MEDICAL OFFICE**, **INC**, at the place designated in the Foregoing Articles in witness whereof of Incorporation, I hereby agree to act in this capacity, and I further agree To comply with the provisions of all Statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325 Plorida Statutes.

Signature:

Registered Agent

IN WITNESS WHEREOF, I have hereunto set my hand in the State and County aforesaid, this $28^{\rm th}$ day of October of 2001.

Buenaventura Sigarreta Witness