# Florida Department of State
## Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
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TALLAHASSEE, FLORIDA

# FLORIDA PROFIT CORPORATION OR P.A.

## PHYSICIANS MEDICAL ISTITUTE, INC.

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|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

*ARTICLE I NAME*

The name of the corporation shall be:

PHYSICIANS MEDICAL INSTITUTE, INC.

*ARTICLE II PRINCIPAL OFFICE*

The principal place of business/mailing address is:

1701 N.W. 123RD AVENUE
PEMBROKE PINES, FL 33026

*ARTICLE III PURPOSE*

The purpose for which the corporation is organized is:

MEDICAL OFFICE

*ARTICLE IV SHARES*

The number of shares of stock is:

100

*ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)*

The name(s) and address(es):

MARIA C. ALVAREZ - PRESIDENT
2301 NW 129 TERRACE
PEMBROKE PINES, FL 33026

*ARTICLE VI REGISTERED AGENT*

The name and Florida street address of the registered agent is:

MARK GOLDBERG, ESQ.
5400 S. UNIVERSITY DRIVE# 601
DAVIE, FL 33328

*ARTICLE VII INCORPORATOR*

The name and address of the Incorporator is:

MARIA C. ALVAREZ
2301 N.W. 129 TERRACE
PEMBROKE PINES, FL 33026

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**********

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Signature/Registered Agent — Date: 2/10/04

Signature/Incorporator — Date: 2/10/04

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