

**P05000133214**

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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

**FLORIDA PROFIT CORPORATION OR P.A.**

**STAR DIAGNOSTIC, TREATMENT & AMBULATORY SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

**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:

STAR DIAGNOSTIC, TREATMENT & AMBULATORY SERVICES, *INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1840 W 49 ST SUITE 311  
HIALEAH, FL 33012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MEDICAL SERVICES: DIAGNOSTIC, TREATMENT AND AMBULATORY

**ARTICLE IV SHARES**

The number of shares of stock is:

101

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

LUCIA DEL ROSARIO PEREZ  
8099 NW 99 ST  
HIALEAH, FL 33016

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

LUCIA DEL ROSARIO PEREZ  
8099 NW 99 ST  
HIALEAH, FL 33016

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

LUCIA DEL ROSARIO PEREZ  
8099 NW 99 ST  
HIALEAH, FL 33016

\*\*\*\*\*  
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

*Lucia P. Perez*  
Signature/Registered Agent

09/27/2005  
Date

*Lucia P. Perez*  
Signature/Incorporator

09/27/2005  
Date