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FLORIDA PROFIT/NON PROFIT CORPORATI

NORBERTO PEDROSO M.D. PA

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4/21/2008 4:13 PM

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FROM:LAZARUS FAX NO.:3052201440

H08000103772

ARTICLES OF INCORPORATION OF

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

Norberto PEdroso M.D. PA

ARTICLE II PRINCIPAL OFFICE

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

273 NW 91 st. Miami Shore
FL. 33150

ARTICLE III PURPOSE

ARTICLE III PURPOSE

The purpose of this corporation shall be:

MEdical Practice

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Morberto J. PEdroco Montesino 273 NW CV st. Man. Share FL. 33150 H08000103779 FROM :LAZARUS

H08000103772

ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

Norberto J. Pedroso Montesino 273 NW 91 st Minni Shore FL. 33150

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

Morberto REBROSO M.D.

ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Morbestor, Redroso Mostesino 273 NW Q1 St. M. Am. Share FL. 33150

The undersigned has (have) executed these Articles of Incorporation this 21 day of A 22: 1 20 0 8.

Incorporator Signature

H08000103772

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FAX NO. :3052201440

FROM : LAZARUS

H08000103772

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERD OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED 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.

REGISTURED AGENT SIGNATURE

2008 APR 21 AM 8: 24
SECRETARY OF STATE
TALLAHASSEE F. STATE