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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CSH SERVICES, LLC
Account Number : I200700C0160
Phone : (800)494-3124
Fax Number : (561)455-9885

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DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

M-P Family Health, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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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:

M-P FAMILY HEALTH, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8120 SW 13TH ST
MIAMI, FLORIDA 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

PRESIDENT
IDAYLIS MORONO-PONCE
8120 SW 13TH ST
MIAMI, FLORIDA 33144

VICE-PRESIDENT
RENE PONCE
8120 SW 13TH ST
MIAMI, FLORIDA 33144

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14-08000220968-3

PAGE 2 M-P FAMILY HEALTH, INC.

ARTICLE VI REGISTERED AGENT

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

IDAYLIS MORONO-PONCE
8120 SW 13TH ST
MIAMI, FLORIDA 33144

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

IDAYLIS MORONO-PONCE
8120 SW 13TH ST
MIAMI, FLORIDA 33144

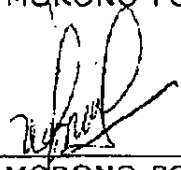
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



IDAYLIS MORONO-PONCE / Registered Agent

9/20/2008

Date



IDAYLIS MORONO-PONCE /Incorporator

9/20/2008

Date