OFFIC CORPORATE FILING SERVICE, (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 2. (Corporation Name) (Document #) (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Pick up time 2,00 Walk in Certified Copy Will wait Certificate of Status Mail out Photocopy **NEW FILINGS** AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreigh Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initals

CR2E031(9/92)

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CORAL MEDICAL & ASSOCIATES, TAC-

Y 26 PM 1:54
HASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

4757 S.W. 8th Street Miami, Fl. 33124

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

500 shares stock x \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Aura I. Lopez 4757 S.W. 8th Street Miami, Fl. 33134

ARTICLE V INCORPORATOR(S)

The name (s) and street address(es) of the incorporator(s) to these Articles of incorporation is (are):

4757 S.W. 8th Street Miami, Fl. 33134

ARTICLE VI DIRECTOR(S)

The name(s) and Street address(es) of the director(s) to these Articles of Incorporation is(are):

Aura I. Lopez 4757 S.W. 8th Astrett Miami, Fl. 33134

The undersigned incorporator(s) has (have) exe this 25 day of May , 1999	cuted these Articles of Incorporation	n
	Signature	- ur - u
CIRA C. DIAZ COMMISSION # CC 696621	Signature	., o fabr r
EXPIRES NOV 16, 2001 BONDED THRU OF PURPLE ATLANTIC BONDING CO., INC.	Signature	

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.00501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

*	The name of the corporation is : CORAL MEDICAL & ASSOCIATES, THE.
÷	The name and address of the registered agent and office is:
	Aura I. Lopez
	(Name)
	4755 S.W. 8 th Street
	(P.O. BOX Not Acceptable)
	Miami, Fl. 33134
	(City/State/Zip)
FO CE AG PR CO	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS OF THE ABOVE STATED CORPORATION AT THE EPLACE DESIGNATED IN THIS RTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND GREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE OVISIONS OF ALL STATUTES RELATING TO THE PROPER COMPLETE AND DIMPLETE PERFORMANCE OF MY DUTRIES, AND I AM FAMILIAR WITH AND ACCEPT DE OBLIGATIONS OF A MY POSITION AS REGISTERED AGENT. SIGNATURE: SIGNATURE:
	DATE: OF RUE ATLANTIC BONDING SO., INC. DATE: OF RUE ATLANTIC BONDING SO., INC.