Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. Account Name

Account Number: 075350000353 : (212)431-5000 Phone

Fax Number : (212)431-1441

FLORIDA PROFIT CORPORATION OR P.A.

NORTH WEST MEDICAL, P.A.

Certificate of Status	0
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Page Count	03(4)
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 4, 2001

BLUMBERG/EXCELSIOR

SUBJECT: NORTH WEST MEDICAL, P.A.

REF: W01000020474

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ARTICLES OF INCORPORATION

OF

NORTH WEST MEDICAL, P.A.

THE UNDERSIGNED sole incorporator, being a natural person competent to contract and desiring to form a corporation under Title XXXV, Chapter 607, of the Revised Florida Statutes, herewith submits the following information:

- 1. The name of the corporation is NORTH WEST MEDICAL, P.A.
- 2. The duration of the corporation shall be perpetual.
- 3. The purpose or purposes for which this corporation is being formed are to provide medical services.
- 4. The aggregate number of shares which the corporation shall have authority to issue is one thousand(1,000) shares with no par value.
- The principal address of the corporation will be:
 16401 North west 2nd Avenue, Suite 203, Miami, FL 33169.
- 6. The address of the initial registered office will be 16401 North West 2nd Avenue, Suite 203, Miami, FL 33169 the name of its initial registered agent at such address is: Victor Abad.
- 7. The names and the addresses of the persons who shall serve as the initial Board of Directors are as follows:

Fabian Cabezas, 16401 North West 2nd Avenue, Miami, FL 33169.

8. The name and address of the sole incorporator is:

Ronald Brown

c/o BlumbergExcelsior Corporate Services, Inc. White Street, New York, NY 10013

IN WITNESS WHEREOF, the undersigned, as sole incorporator of this corporation has executed these Articles of Incorporation.

Dated: September 4, 2001

Ronald Brown
Sole Incorporator

Blumberg Excelsior Corporate Services 62 White Street New York, NY 10013 FILED

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SECKETARY OF STATE
ALLAHASSIT, FLORIDA

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ACCEPTANCE OF APPOINTMENT

AS

REGISTERED AGENT

I, the undersigned, do hereby accept appointment as Registered Agent for NORTH WEST MEDICAL, P.A. the within named corporation.

Dated: AUG ,2001.

VICTOR ABAD

O1 SEP -4 AM 8: 15
SECRETARY OF STATE
TALL AHASSIT FLORIDA

Blumberg Excelsior Corporate Services 62 White Street New York, NY 10013