

P 00000012310

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JAN 31 AM 7:12

FILED

SUBJECT: Corporation filings
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 7000.

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-01/31/00--01095--002
*****70.00 *****70.00

FROM: MARCELO LAOI
Name (printed or typed)
7360 S.W. 24th Street #7
Address
MIAMI, FL 33155
City, State, & Zip
(305) 267-4560
Telephone Number

Note: Please provide the original and one copy of the Articles.

Marcelo GAVE
AUTHORIZATION BY PHONE TO
CORRECT Suffix
DATE 2-3-00
DOC. EXAM 7c

FEB 3 1999

ARTICLES OF CORPORATION
OF
TCM PHYSICIANS ASSOCIATES INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The undersigned incorporator (s), for the purpose 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:

TCM Physicians Associates INC.

ARTICLE II PRINCIPAL OFFICE

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

7360 South West 24th Street, Suite 7
Miami, Florida 33155

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

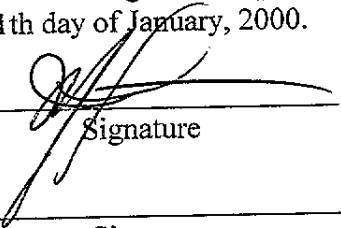
Marcelo Lam
7360 South West 24th Street, Suite 7
Miami, Florida 33155

ARTICLE V INCORPORATOR(S)

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

Marcelo Lam
7360 South West 24th Street, Suite 7
Miami, Florida 33155

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 21th day of January, 2000.



Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 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.

1. The name of the corporation is: TCM Physicians Associates INC.
2. The name and address of the registered agent and office is:

Marcelo Lam
7360 South West 24th Street, Suite 7
Miami, Florida 33155

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

SIGNATURE: _____

DATE: _____

01/21/2000

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JAN 31 AM 7:12

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