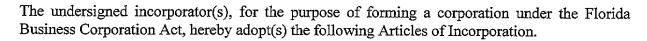
199357Z (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Walk in Certified Copy Will wait Mail out Photocopy Certificate of Status **NEW FILINGS** AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger OTHER FILNGS REGISTRATION/ QUALIFICATION ******78.75 *****78.75 Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Éxaminer's Initials

ARTICLES OF INCORPORATION OF

Mario R. Avello, M.D., P.A.

PURPOSE MEDICAL PRACTICE



ARTICLE I

The name of the corporation shall be:

Mario R. Avello, M.D., P.A.

ARTICLE II

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

363 Aragon, Apt. 413 Coral Gables, FL. 33134

ARTICLE III

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

500 shares (five hundred) @ \$ 1.00 (one dollar)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Mario R. Avello 363 Aragon, Apt. 413 Coral Gables, FL 33134



ARTICLE V INCORPORATOR (S)

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

Mario R. Avello, President 363 Aragon, Apt. 413 Coral Gables, FL 33134

The undersigned has(have) executed these Articles of Incorporation this day 2nd day as of March, 2000.

Man M. Crello mp- Pres. Signature / Title

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 6.21 , Florida Status, 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: Mario R. Avello, M.D., P.A.
- 2. The name and address of the registered agent and office is:

Mario R. Avello 363 Aragon, Apt. 413 Coral Gables, FL 33134 SECRETARY OF STALLAHASSEE FLO

Signature _.

Title <u>Ø</u>res

Date <u>3/6/00</u>

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFIED, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL MY STATUS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature

Date 3

3/6/00