

Florida Department of State

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Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

HEALTH GROUP MEDICAL SERVICE, INC.

Estimated Charge	\$78.75
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March 9, 2000

FAS-T

SUBJECT: HEALTH GROUP MEDICAL SERVICE, INC.

REF: W00000006444

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE REGISTERED AGENTS NAME IS NOT ON THE CERTIFICATE PAGE.

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Neysa Culligan Document Specialist

FAX Aud. #: H00000010898 Letter Number: 700A00013239

ARTICLES OF INCORPORATION OF

HEALTH GROUP MEDICAL SERVICE, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

HEALTH GROUP MEDICAL SERVICE, INC..

The principal place of business of this corporation shall be:

2001 NW 7TH STREET SUITE 204, MIAMI, FL. 33125

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time.

100 shares at \$1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(ere) elected, is(are):

Liliana C. Gonzalez - Pres. 1333 West 49th Place # 121 Hialeah, Fl. 33012 Rafael Rodriguez -VP. 537 East 36th Street, Hialeah, Fl. 33013

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 corp	poration:
HE	ALTH GROUP MEDICAL SERVICE, INC
LILI	ess of the registered agent and office is: ANA GONZALEZ 2001 NVV 7 TH STREET SUITE 204
	(P.O.BOX NOT ACCEPTABLE)
	MIAMI, FL. 33125
1.1111111111111111111111111111111111111	(CITY/STATE/ZIP)
•	SIGNATURE 1-CONSTUL
	TITLE President
	DATE
ABOVE STATED COR CERTIFICATE, I HERI FURTHER AGREE TO (RELATIVE TO THE P	P TO ACCEPT SERVICE OF PROCESS FOR THE PORATION, AT THE PLACE DESIGNATED IN THIS EBY AGREE TO ACT IN THIS CAPACITY, AND I COMPLY WITH THE PROVISIONS OF ALL STATUTES ROPER AND COMPLETE PERFORMANCE OF MY PT THE DUTIES AND OBLIGATIONS OF SECTION TUTES. SIGNATURE
	DATE March 09, 2000

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to thi incorporation is(are):	s articles of
Liliana C. Gonzalez - 1333 West 49 th Place # 121 Hlalean, Ft. 33012	OO MA 10 P
	# 2: 45 FLORIDE

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this $\underline{09}$ day of $\underline{\text{March}}$, 2000

Signature(s) of Incorporator(s)