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To:
Division of Corporations
Fax Number : (850) 922-4001

From:
Account Name : EAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

DIGNA M. ACOSTA M.D., P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF

DIGNA M. ACOSTA M.D., P.A.

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: DIGNA M. ACOSTA M.D., P.A.

The principal place of business of this corporation shall be: 2456 NW 97th LN, Coral Springs FL 33065

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. MEDICAL PRACTICE/OFFICE

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 is: 1,000 Shares @ \$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(are) elected, is(are):

DIGNA M. ACOSTA
2456 NW 97th LN.
CORAL SPRINGS FL, 33065.

(PRESIDENT)

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ARTICLE VI INCORPORATOR(S)

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

DIGNA M. ACOSTA
2456 NW 97th LN.
CORAL SPRINGS, FL 33065.

IN WITNESS WHEREOF, the undersigned incorporator(s)
has (have) executed these Articles of Incorporation
this, 18th day of April 2000

Signature(s) of Incorporator(s)

Digna M. Acosta

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 corporation:

DIGNA M. ACOSTA M.D., P.A.

2. The name and address of the registered agent and office is:

DIGNA M. ACOSTA 2456 NW 97th LN
(P.O. BOX NOT ACCEPTABLE)
Coral Springs, Fl 33065.
(CITY/STATE/ZIP)

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SIGNATURE _____

TITLE _____

DATE 4-18-00

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES 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 4-18-00