

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770

FEORIDA PROFIT CORPORATION OR P.A.

LIVIA EXPOSITO-OLIU, M.D., P.A.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. McKnight JUL 2 0 2000

7/20/00 11:25 AM



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ARTICLES OF INCORPORATION

<u>OF</u>

LIVIA EXPOSITO-OLIU, M.D., P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, herby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Livia Exposito-Oliu, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 201 Alhambra Circle, Suite 502, Miami, Florida 33134.

ARTICLE III PURPOSE

The purpose of this corporation shall be: Medical Practice

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares having an individual value of no par.

This Instrument was prepared by: Manuel M. Arvesu, P.A.-Florida Bar No. 525294 201 Alhambra Circle, Suite 502 Coral Gables, Florida 33134

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SUCKETARY OF STATE STATE OF CURPORATIONS

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ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the inital registered agent is:

NAME

Eduardo Exposito, Esq.

ADDRESS

201 Alhambra Circle, Suite 502 Coral Gables, Florida 33134

ARTICLE VI BOARD OF DIRECTOR(S)

The name and address of the officers of this corporation shall be:

NAME

Livia Exposito-Oliu President

ADDRESS

749 S.W. 101 Court Circle

Miami, Florida 33174

ARTICLE VII OFFICER(S)

The name, title and address of the officers of this corporation shall be:

ARTICLE VIII

NAME

ADDRESS

Livia Exposito-Oliu President

749 S.W. 101 Court Circle Miami, Florida 33174

INCORPORATOR(S)

The name and address of the incorporator(s) to theses Articles of Incorporation shall be:

NAME

ADDRESS

Eduardo Exposito, Esq.

201 Alhambra Circle, Suite 502 Coral Gables, Florida 33134

The undersigned has (have executed these Articles of Incorporation this 18th day of

incorporator

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

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SECRETARY OF STATE DIVISION OF CONTONS OF CO