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Florida Department of State
Division of Corporations
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FLORIDA PROFIT CORPORATION OR P.A.

SOUTH FLORIDA PHYSICIAN ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of 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: *South Florida Physician Associates, INC.*

ARTICLE II - PRINCIPLE OFFICE

The principal place of business and mailing of this corporation shall be:
1405 S.W. 107 Ave., Suite 301G
Miami, Fl. 33174

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

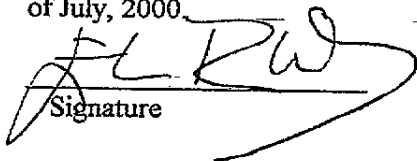
The name and address of the initial registered agent is:
Elena R. Valor, M.D.
1405 S.W. 107 Ave., Suite 301G
Miami, Fl. 33174

ARTICLE V - INCORPORATOR

The name(s) and street address of the incorporator to these Articles of incorporation (are).

Elena R. Valor, M.D.
1405 S.W. 107 Ave., Suite 301G
Miami, Fl. 33174

The undersigned Incorporator has executed these Articles of Incorporation this 26th day of July, 2000.


Signature

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ARTICLE VI - DIRECTOR(S)

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

Elena R. Valor M.D. - President
1405 S.W. 107 Ave., Suite 301G
Miami, FL 33174

Octavio Capo - Vice President
1405 S.W. 107 Ave., Suite 301G
Miami, FL 33174

John Tielves - Treasurer
1405 S.W. 107 Ave., Suite 301G
Miami, FL 33174

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related 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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