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

From:
 Account Name : FAS-T CORP. AGENTS, INC.
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

ODALYS P. FRONTELA, MD., PA

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M. Culligan AUG 17 2000

ARTICLES OF INCORPORATION
OF
ODALYS P. FRONTELA, MD., PA

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:

ODALYS P. FRONTELA, MD., PA
PURPOSE: GENERAL MEDICAL PRACTICE

ARTICLE II PRINCIPAL OFFICE

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

3413 N.W. 17th AVENUE
MIAMI, FL 33142

ARTICLE III CAPITAL STOCK

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

FIVE (500) HUNDRED SHARES @ \$1.00/PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ODALYS P. FRONTELA
8819 N.W. 109th TERRACE
HALEAH GARDENS, FL 33018

PREPARED BY: QUALITY ACCOUNTING & GENERAL SERVICES CORP.
6555 N.W. 36th STREET, SUITE 328
VIRGINIA GARDENS, FL 33166-6975
(305) 870-9670

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TALLAHASSEE, FLORIDA

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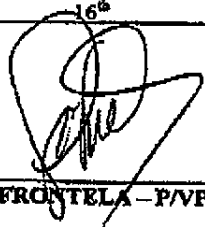
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ARTICLE V INCORPORATOR(S)

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

ODALYS P. FRONTELA
8819 N.W. 109th TERRACE
HIALEAH GARDENS, FL 33018

The undersigned has(have) executed these Articles of Incorporation this 16th day
of AUGUST, 2000.



ODALYS P. FRONTELA - P/V/P/T/S/D

Signature/Title

Signature/Title

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 this corporation is:

ODALYS P. FRONTELA, MD., PA

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

ODALYS F. FRONTELA

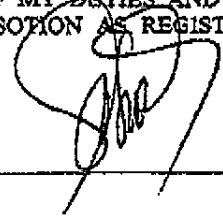
(NAME)

8819 N.W. 109th TERRACE

(P.O. BOX NOT ACCEPTABLE)
HALEAH GARDENS, FL 33018

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 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.



SIGNATURE _____

DATE _____

PREPARED BY: QUALITY ACCOUNTING & GENERAL SERVICES CORP.
6555 N.W. 36th STREET, SUITE 328
VIRGINIA GARDENS, FL 33166-6978
(305) 878-9670

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