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To:
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.

PINECREST PEDIATRICS, P.A.

Certificate of Status	0
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B. McKnight DEC 18 2000

ARTICLES OF INCORPORATION
OF

PINECREST PEDIATRICS, 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: PINECREST PEDIATRICS, P.A.

The principal place of business of this corporation shall be:

3899 NW 7th St., Suite #203 Miami FL 33126

Mailing Address: PO BOX 590773 Miami FL 33159

ARTICLE II NATURE OF BUSINESS

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

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is 1000 @ 1.00 authorized to have outstanding at any one time is: ONE THOUSAND @ \$1.00 (ONE DOLLAR)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(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):

LORRAINE FUENTES, PMBS PRESIDENT & SECRETARY
3899 N.W 7th St., Suite #203
Miami FL 33126

ARTICLE VI INCORPORATOR(S)

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

LORRAINE FUENTES MD.
3899 N.W 7th Street., Suite #203
Miami FL 33126

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 14 day of December, 2000

Signature(s) of Incorporator(s)

Lorraine Fuentes

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CERTIFICATE DESIGNATING 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 is: PINECREST PEDIATRICS, P.A.

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

LORRAINE FUENTES MD.

3899 N.W 7th Street., Suite #203
(P.O. BOX NOT ACCEPTABLE)

Miami FL 33126

(CITY/STATE/ZIP)

SIGNATURE

Lorraine Fuentes

(Corporate Officer)

TITLE

President

DATE

December 14, 2000

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

Lorraine Fuentes

(Registered Agent)

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