

Division of Corporations

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P 01000032360

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

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

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305) 266-4080
Fax Number : (305) 264-0232

FLORIDA PROFIT CORPORATION OR P.A.

SURGICAL INSTITUTE OF FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

FILED
01 MAR 29 PM 4: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight MAR 29 2001

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be SURGICAL INSTITUTE OF FLORIDA, INC.

ARTICLE II

PRINCIPAL OFFICE

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

8364 S.W. 8 ST
MIAMI, FL. 33144

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated 8 COMMON SHARES.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILLIAM LABRADOR
8364 S.W. 8 ST
MIAMI, FL. 33144

Prepared by: WILLIAM LABRADOR
8364 S.W. 8 ST
MIAMI, FL. 33144
(305) 269-0123

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TALLAHASSEE, FLORIDA

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**ARTICLE V
INCORPORATOR(S)**

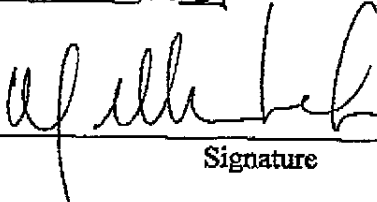
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

WILLIAM LABRADOR
8364 S.W. 8 ST
MIAMI, FL. 33144

DIRECTOR & PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28 day of March, 2001



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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 the corporation is: SURGICAL INSTITUTE OF FLORIDA, INC.

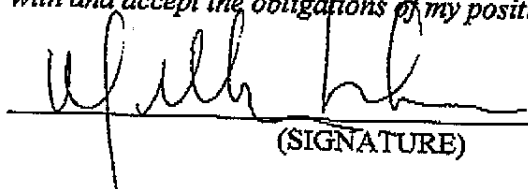
2. The name and address of the registered agent and office is:

WILLIAM LABRADOR
8364 S.W. 8 ST
MIAMI, FL. 33144

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TALLAHASSEE, FLORIDA

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)

3/28/01
(DATE)

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