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TRANSMITTAL LETTER

FILED OIAPR-5 AM 7:38

SECRETARY OF STATE TALLAHASSEF, FLORIDA

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

300003961363--0 -04/05/01--01035--003 *****78.75 *****78.75

SUBJECT:

Pediatric Group of South Florida, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

\$78.75

Filing Fee &

Certificate of Status

FROM:

Alfredo Ginory, MD

Name (Printed or Typed)

2601 SW 37th Avenue #506

Address

Miami, FL 33133

City, State & Zip

786-351-2630

Daytime Telephone Number

NOTE: Please provide the original and one copy of the articles

ARTICLES

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Article I: The name of the corporation including corporate suffix.

Pediatric Group of South Florida, Inc.,

Article II: The principal place of business and mailing address of the corporation.

2601 SW 37th Avenue #506 Miami, FL 33133

Article III: Specific purpose for a corporation.

Pediatric Group of South Florida, Inc., shall hold the contracts of a group of physicians that shall provide pediatric services to members during acute hospitalization.

Article IV: The number of shares of stock that this corporation is authorized to have must be stated.

100

Article V: The names and street address of the Directors / Officers (optional).

The names of officers / directors may be required to apply for a license, open a bank account, etc.

President:

Alfredo Ginory, MD

Address:

2601 SW 37th Avenue #506

Miami, FL 33133

Article VI: The name and Florida street address of the initial Registered Agent.

Registered Agent:

Alfredo Ginory, MD

Address:

2601 SW 37th Avenue #506

Miami, FL 33133

Having been named as registered agent to accept service of process for the above stated Corporation at the place designated in this certificate, I am familiar with and accept the Appointment as registered agent and agree to act in this capacity

Signature/Registered Agent / Incorporator

Date