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Florida Department of State

Division of Corporations

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FLORIDA PROFIT CORPORATION OR P.A.

ALVARO J. OCAMPO M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

OF

ALVARO J. OCAMPO M.D., P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALVARO J. OCAMPO M.D., P.A.

ARTICLE II DURATION

This corporation should have perpetual existence.

ARTICLE III PRINCIPAL OFFICE

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

10 N.W. Lejeune Rd, Ste 501
MIAMI, FLORIDA 33126

ARTICLE IV PURPOSE

The purpose of this corporation shall be:

MEDICAL PRACTICE

ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares having an individual par value of \$.01.

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MANUEL E. IGLESIAS, ESQ.
10 N.W. Lejeune Rd, Ste 503
MIAMI, FLORIDA 33126

ARTICLE VII BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

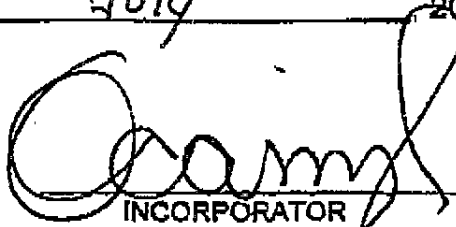
ALVARO J. OCAMPO
7925 S.W. 54 COURT
MIAMI FL. 33143

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

ALVARO J. OCAMPO
7925 SW 54 Ct.
MIAMI FL. 33143

The undersigned has (have) executed these Articles of Incorporation
this 3rd day of July 2001.



INCORPORATOR

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

ALVARO J. OCAMPO M.D., P.A.
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.


REGISTERED AGENT

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