Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

AXEL JUAN M.D. P.A.

SOURCE OF SUCCESSION OF SUCCES	60/668666666666666666666666666666666666
Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

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OF

AXEL JUAN 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.

<u>ARTICLE I NAME</u>

The name of the corporation shall be: AXEL JUAN 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: 1226 DREXEL AVE., APT 301, MIAMI BEACH, FL 33139

ARTICLE IV PURPOSE

The purpose of this corporation shall be: MEDICAL OFFICE

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 \$ 1.00

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: AXEL JUAN 1226 DREXEL AVE., APT 301, MIAMI BEACH, FL 33139

ARTICLE VII BOARD OF DIRECTOR(S)

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

PRESIDENT AXEL JUAN

1226 DREXEL AVE., APT 301 MIAMI BEACH, FL 33139

ARTICLE VIII INCORPORATOR(S)

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

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7th PLACE MIAMI, FL 33127

The undersigned has (have) executed these Articles of Incorporation this <u>14TH</u> day of <u>SEPTEMBER</u>, 2001.

INCORPORATOR

Ray Stormont Singing for

Empire Corporate Kit of America, inc.

0100009958 CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

AXEL JUAN 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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SECRETARY OF STATE
AND SESSEE FLORID