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Florida Department of State

Division of Corporations

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EFFECTIVE DATE

11/15/01

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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : LORN LEITMAN, C.P.A.  
Account Number : T19980000088  
Phone : (305)279-8943  
Fax Number : (305)271-4421

FILED  
01 NOV -9 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**Homestead Urgent Care Physicians, Inc.**

EFFECTIVE DATE  
11/15/01

FILED

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ARTICLES OF INCORPORATION  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HOMESTEAD URGENT CARE PHYSICIANS, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, does hereby adopt the following articles of incorporation:

ARTICLE I

The name of the corporation is HOMESTEAD URGENT CARE PHYSICIANS, INC.

ARTICLE II

The term of the existence of the corporation is perpetual. The inception date of the corporation and the day it began operations is November 15, 2001.

ARTICLE III

The general purposes for which the corporation is to engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory, or nation.

ARTICLE IV

The aggregate number of shares of stock which the corporation is authorized to issue is One Hundred (100).

ARTICLE V

The street address of the initial registered office and the principal place of business of the corporation is 7700 North Kendall Drive, Suite 405, Miami, FL 33156, and the name of the agent at such address is : Lorn Leitman.

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ARTICLE VI

The number of directors constituting the initial board of directors of the corporation is Three (3). The name and address of the person/persons who is/are to serve as initial board are:

<u>Name</u>		<u>Address</u>
<u>Lorn Leitman</u>	P	7700 North Kendall Drive Suite 405 Miami, FL 33156
<u>David R. Nateman</u>	S	8900 North Kendall Drive North Miami Beach, FL 33179
<u>Francisco Medina</u>	T	7700 North Kendall Drive Suite 405 Miami, FL 33156

ARTICLE VII

The name and address of the person signing these articles of incorporation is:

<u>Name</u>	<u>Address</u>
Lorn Leitman	7700 North Kendall Drive Suite 405 Miami, FL 33156

Executed by the undersigned at Miami, Dade County, Florida on this 9<sup>th</sup>  
day of November, 2001.

  
Lorn Leitman

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ACCEPTANCE BY REGISTERED AGENT:

Having been name to accept service of process for the above named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of Chapter 48.091, Florida Statutes, relative to keeping open said office for service of process.

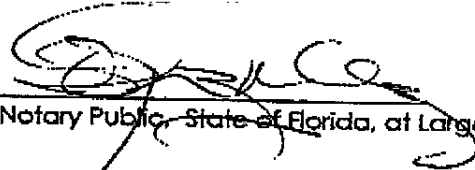
  
Lorn Leitman

STATE OF FLORIDA)

COUNTY OF DADE ): SS:

Before me, the undersigned authority, personally appeared David Leitman to me well known to be the person who executed the foregoing ARTICLES OF INCORPORATION and acknowledged before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th day of November, 2001.

  
Notary Public, State of Florida, at Large

My Commission Expires:

SONIA GONZALEZ  
Notary Public - State of Florida  
My Commission Expires Feb 13, 2004  
Commission #CC 909725

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**CERTIFICATE DESIGNATION (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR  
THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS  
MAY BE SERVED.**

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in  
compliance with said Act:

First - That Homestead Urgent Care Physicians, Inc., desiring to organize under the laws  
of the State of Florida, with its principal office, as indicated in the articles of  
incorporation at City of Homestead.

County of Miami-Dade State of Florida

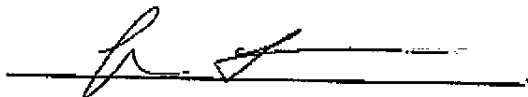
has named Lorn Leitman  
(Name of Registered Agent)

located at 7700 North Kendall, Suite 405

City of Miami County of Miami-Dade

State of Florida, as its agent to accept service of process within this state.

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TALLAHASSEE, FLORIDA



**ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)**

Having been named to accept service of process for the above stated corporation, at  
place designated in this certificate, I hereby accept to act in this capacity, and agree  
to comply with the provision of said Act relative to keeping open said office.

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