OFFICE 3320 W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 2. (Corporation Name) (Document #) (Corporation Name) (Document #) 4. (Corporation Name) (Document #) 2,00 Rick up time Walk in Certified Copy Mail out Will wait Certificate of Status Photocopy AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Repolit Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

Pulmonary and Sleep Associates, Inc.



ARTICLE II - PRINCIPAL OFFICE

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

3659 South Miami Av. Suite #5004 Miami, Fl. 33133

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Raul Moas

3659 South Miami Av. #5004 Miami, Fl. 33133

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Raul Moas 3659 South Miami Av #5004 Miami, Fl. 33133

The undersigned incorporator has executed these Articles of Incorporation this _6_ day of _pecember____ 2001_

ARTICLE VI- DIRECTOR(S)

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

Raul Moas

3659 S. Miami Av #5004 Miami, Fl 33133

Juan C. Acevedo-Crespo

3659 S. Miami Av #5004 Miami, Fl

33133

Brenda J. Gonzalez,

3659 S. Miami Av #5004 Miami, Fl 33133

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related 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 Signature