

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ 500004833685---8 QUALIFICATION -01/29/02--01046---024 Annual Report *****78.75 *****78.75 Foreign Fictitious Name, Limited Parthership Name Reservation Reinstatement Trademark

Examiner's Initials

Other

CR2E031(9/92)

ARTICLES OF INCORPORATION FOR,

THE BOSTON CLINIC INC.

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

THE BOSTON CLINIC INC.



ARTICLE II PRINCIPAL OFFICE

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

815 PONCE DE LEON BLVD. STE: 100 CORAL GABLES, FL 33134

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall be:

JORGE L. HUGUET 815 PONCE DE LEON BLVD. STE: 100 CORAL GABLES, FL 33134

ARTICLE V INCORPORATOR

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

JORGE L. HUGUET
LUIS CUETARA
815 PONCE DE LEON BLVD. STE: 100
CORAL GABLES, FL 33134

Signature of Incorporator

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

JORGE L. HUGUET (P)
LUIS CUETARA (V)
815 PONCE DE LEON BLVD. STE: 100
CORAL GABLES, FL 33134

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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.

Signature

Date