

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.

ricardo martinez-ruiz, m.d., p.a.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M 02000063065 ARTICLES OF INCORPORATION

OZ FILED SECRETARY CASTATE VALLAHASSEE, FLORIDA

OF

Ricardo Martinez-Ruiz, 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: Ricardo Martinez-Ruiz, 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: 1224 Andora Avenue, Coral Gables, Florida 33146

ARTICLE IV PURPOSE

The purpose of this corporation shall be: Practice of Medicine

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: Ricardo Martinez-Ruiz, 1224 Andora Avenue, Coral Gables, Florida 33146

ARTICLE VII BOARD OF DIRECTOR(S)

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

PRESIDENT

Ricardo Martinez-Ruiz

1224 Andora Avenue Coral Gables, Florida 33146

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 22nd day of MARCH, 2002.

Ray Stormont Singing for

Empire Corporate Kit of America, inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Ricardo Martinez-Ruiz, 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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