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1. RAFAEL A. UBEDA.	(Document #)
2. (Companion Name)	(Document #) SOCODE358715-9 -10/14/02-01038-023 -************************************
3. (Corporation Name)	(Document#)
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ARTICLES OF INCORPORATION OF RAFAEL A. UBEDA 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

The name of the corporations shall be: RAFAEL A. UBEDA. M.D., P.A.

ARTICLE II

The principal place of business and mailing address of this corporation shall be: 21950 S.W. 97 Court, Miami, Florida 33190.

ARTICLE III

The purpose of this corporation shall be: Professional Association for Medical Doctors.

ARTICLE IV

CAPITAL STOCK: The number of shares of stock that this corporation is authorize to have outstanding is: 100,000 Shares.

ARTICLE V

The name and address of the initial registered agent is: Rafael A. Ubeda M.D., 21950 S.W. 97 Court, Miami, Florida 33190.

ARTICLE VI

The name and address of the initial board of durector(s) shall be: Rafael A. Ubeda M.D. 21950 S.W. 97 Court, Miami, Florida 33190.

DIVISION OF CORPORATIONS

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ARTICLE VII

The Name, title and address of the officer(s) of this corporation shall be:

Rafael A. Ubeda M.D. Director / President

ARTICLE VIII

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

Rafael A. Ubeda M.D. 21950 S.W. 97 Court Miami, Florida 33190

The undersigned has (have) executed these Articles of Incorporation this 10th day of October, 2002.

Incorporator Signature

STATE OF FLORIDA)

COUNTY OF DADE)

Before me, the undersigned authority, personally appeared Rafael A. Ubeda M.D.to me known to be the person described, thru Drivers License identification, and who executed the foregoing Articles of Incorporation, who, after being duly sworn under oath, acknowledged before me that he executed the same for the purposes therein expressed.

Witness my hand and official seal in the State and County and aforesaid, this $10^{\rm th}$ day of October of 2002.

Notary Public State of Florida

My Commission Expires:



CERTIFICATE OF DESIGNATION REGISTERED AGENT / RESGISTERED OFFICE

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 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 Signature

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