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

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Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
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TALLAHASSEE, FLORIDA

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

**LIVIA A. DELGADO, M.D., P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 22, 2002

FAS-T CORP, AGENTS, INC.

SUBJECT: LIVIA A. DELGADO, M.D., P.A.  
REF: W02000030331

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**ARTICLES OF INCORPORATION  
OF  
LIVIA A. DELGADO, M.D., P.A.**

FILED  
02 OCT 22 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I. NAME**

The name of this corporation is:

**LIVIA A. DELGADO, M.D., P.A.**

**ARTICLE II. DURATION**

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

**ARTICLE III. PURPOSE**

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States of America and the State of Florida.

**MEDICAL SERVICES.**

**ARTICLE IV. CAPITAL STOCK**

This corporation is authorized to issue FIVE HUNDRED (500) shares of COMMON STOCK, with a par value of TEN (\$10.00) dollars each.

**ARTICLE V. AMOUNT OF CAPITAL**

The amount of capital with which this corporation will begin business is not less than FIVE THOUSAND (\$5,000.00) DOLLARS.

**ARTICLE VI. PREEMPTIVE RIGHTS.**

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of (fractional shares) at the price at which it is offered to others.

**ARTICLE VII. INITIAL REGISTERED OFFICE, AGENT AND PRINCIPAL OFFICE**

The street address of the initial registered office of this corporation is:  
418 SW 87<sup>TH</sup> CT., MIAMI, FL 33174

The name of the initial registered agent of this corporation is:

**LIVIA A. DELGADO**

The corporation principal office shall be:

418 SW 87<sup>TH</sup> CT., MIAMI, FL 33174

**ARTICLE VIII. INITIAL BOARD OF DIRECTORS.**

This corporation shall have (ONE) directors(s), initially. The number of Directors may be either increased or diminished from time to time by the bylaws but shall never be less than ONE (1).

The name(s) and address(es) of the initial Board of Director(s) of this corporation is(are):

**LIVIA A. DELGADO**

418 SW 87<sup>TH</sup> CT.

MIAMI, FL 33174

**ARTICLE IX. IDEMNIFICATION**

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

**ARTICLE X. INCORPORATORS**

The name and address of the persons(s) signing these Articles of Incorporation is (are):

**LIVIA A. DELGADO**

418 SW 87<sup>TH</sup> CT.

MIAMI, FL 33174

IN WITNESS THEREOF, we (I), being all of the original subscriber(s) and incorporator(s) of this Corporation for the purpose of forming a Corporation, do make and file these Articles of Incorporation with the Secretary of the State of Florida, and accordingly set our hands and seal this 21 day of October 2002.

  
LIVIA A. DELGADO

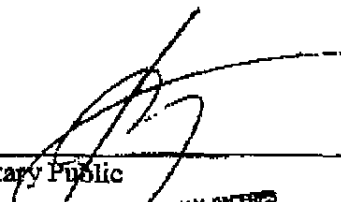

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

I HEREBY CERTIFY THAT on this day, before me, a Notary Public, duly authorized in the above-mentioned State and County to take acknowledgments, personally appeared

LIVIA A. DELGADO

To me well know and know to be the person(s) described in and who executed these foregoing Articles of Incorporation.

WITNESS my hand and official seal in the City of Miami, County of Miami-Dade and State of Florida, this 21 day of October 2002

  
Notary Public  
  
FELAN M. OMERCES  
MY COMMISSION #00117257  
EXPIRES May 13, 2006  
Member Third District Notary Services

CERTIFICATE DESIGNATING DOMICILE FOR THE SERVICE OF PROCESS  
WITHIN THE STATE OF FLORIDA NAMING AGENT WHO PROCESS MAY  
BE SERVED

In pursuance of Chapter 48,091, Florida Statutes, the following is submitted, in Compliance with said act:

**First. — LIVIA A. DELGADO, M.D., P.A.**

Qualified to do business under the laws of the State of Florida with its principal

Office at: 418 SW 87<sup>TH</sup> CT., MIAMI, FL 33174

Has appointed: LIVIA A. DELGADO

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ACKNOWLEDGMENT

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 provisions of said Act, relative to keeping open said office.

**LIVIA A. DELGADO**

Sworn to and subscribed before me,  
This 21 Day of October 2002.

**Notary Public**

