FROM : LornLeitmanPA

FAX NO. :3056305025

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Division of Corporations

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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : LORN LEITMAN, C.P.A.

Account Number : I19980000088

Phone : (305)279-8943

Fax Number : (305)271-4421

FLORIDA PROFIT CORPORATION OR P.A.

DORAL OUTPATIENT PHYSICIANS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

1/9/2003

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ARTICLES OF INCORPORATION

OF

DORAL OUTPATIENT PHYSICIANS, INC.

The undersigned subscribers to these Articles of Incorporation, natural persons competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: DORAL OUTPATIENT PHYSICIANS, INC.

ARTICLE II - DURATION

The corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the State of Florida.

ARTICLE IV - CAPITAL STOCK

The amount of capital with which this corporation shall begin business shall be at least one hundred (100), or such greater amount as may be required by law.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The initial principal office and mailing address of the corporation is:

Doral Outpatient Physicians, Inc. 7700 N. Kendall Dr., #405 Miami, FL 33156

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The name and street address of the Initial Registered Agent of this corporation is:

Lorn Leitman 7700 N. Kendall Dr., #405 Miami, FL 33156

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The corporation shall have three (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than three (3). The name and address of the initial directors of the corporation shall be:

Harry Richard Nateman - Director 7700 N. Kendall Dr., #405 Miami, FL 33156

David Nateman - Director 7700 N. Kendall Dr., #405 Miami, FL 33156

Lorn Leitman - Director, President, Secretary 7700 N. Kendall Dr., #405 Miami, FL 33156

ARTICLE VII - INCORPORATORS

The name and address of the incorporator signing these Articles of Incorporation is as follows:

Lorn Leitman 7700 N. Kendall Dr., #405 Miami, FL 33156

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this ____, day of January, 2003.

Low Leitman

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REGISTERED AGENT ACCEPTANCE

I hereby acknowledge that I am familiar with and accept the duties of Registered Agent for Doral Outpatient Physicians, Inc.

Lorn Leitman

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Before me, a notary public authorized to take acknowledgments in the State and County set forth above, the foregoing Articles of Incorporation, where acknowledged before me and executed these Articles of Incorporation, that I relied upon the forms of identification of the above named person as indicated, and that an oath was not taken.

The foregoing instrument was acknowledged before me this <u>10</u>, day of January, 2003, by Lorn Leitman. Personally known by me.

Lorn Leitman

Witness my hand and official seal of the County and State last aforesaid this $\pm O$ day of January, 2003.

NOTARY SEAL:

Notary Signature

Name: Doreen Parrondo

Notary Public - STATE OF FLORIDA

Commission #: DD150156

Expires: 9/16/2006

DOREEN PARRONDO
HOTARY PUBLIC - STATE OF PLONIOA
COMMISSION & DOSEDISS
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