

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305)229-8256
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FLORIDA PROFIT CORPORATION OR P.A.**HEALTH CARE MEDICAL ASSOCIATION, INC.**

Certificate of Status	0
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03 JAN 22 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-23-03
By [Signature]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

**HEALTH CARE MEDICAL ASSOCIATION,
INC.**

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

HEALTH CARE MEDICAL ASSOCIATION, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to provide medical services and to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ANA DALMAU ARES, P.A.
3636 SW 87TH AVE.
MIAMI, FL. 33165

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Transact any and all lawful business.

(1) Said corporation shall further have powers:

To have perpetual succession by its corporate name,

HEALTH CARE MEDICAL ASSOCIATION, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall be:

TERESA G. RIUS
8743 SW 9TH TERRACE - STE. 3
MIAMI, FL. 33174

The principal office shall be:

8743 SW 9TH TERRACE - STE. 3
MIAMI, FL 33174

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ARTICLE VI

The initial Board of Directors and Shareholders shall be composed by ONE (1) person, whose name and address is :

TERESA G. RIUS	PRESIDENT	100% SHAREHOLDER
3302 SW 152 ND . PLACE		
MIAMI, FL 33185		

The name and address of the incorporator executing these Articles of Incorporation is:

TERESA G. RIUS
8743 SW 9TH TERRACE - STE. 3
MIAMI, FL 33174

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 21ST day of January, 2003.


TERESA G. RIUS
PRESIDENT

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03 JAN 22 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the Corporation is:

**HEALTH CARE MEDICAL ASSOCIATION,
INC.**

2. The name and address of the Registered Agent and office is:

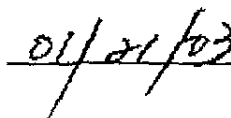
8743 SW 9TH TERRACE
SUITE 3
MIAMI, FL 33174

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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: _____


TERESA G. RIUS

DATE: _____



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