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

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

EMILIO J. JUNCOSA, M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
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FLORIDA

ARTICLES OF INCORPORATION
OF

EMILIO J. JUNCOSA, M.D., P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

EMILIO J. JUNCOSA, M.D., P.A.

The principal place of business of this corporation shall be: 601 N. Flamingo Rd, Ste#405, Pembroke Pines, Fl 33028.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. MEDICAL OFFICE

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1,000 shares @ \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

EMILIO J. JUNCOSA
5710 Peppertree Lane (P/VP/SEC/TREA)
Davie, Fl 33314.

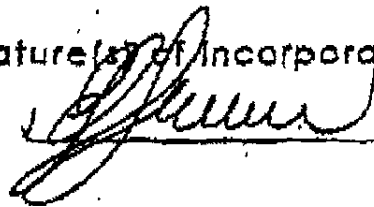
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

EMILIO J. JUNCOSA,
5710 Peppertree Lane
Davie, FL 33314.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 23rd day of June 2003.

Signature(s) of incorporator(s)



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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws 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:

EMILIO J. JUNCOSA, M.D., P.A.

2. The name and address of the registered agent and office is:

EMILIO J. JUNCOSA 601 W. Flamingo Rd, Ste#405

(P.O. BOX NOT ACCEPTABLE)

PEMBROKE PINES, FL 33028.

(CITY/STATE/ZIP)

SIGNATURE



TITLE

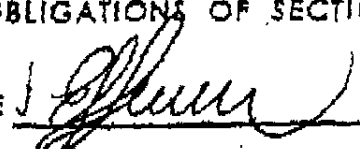
President

DATE

6-23-03

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE



DATE

6-23-03