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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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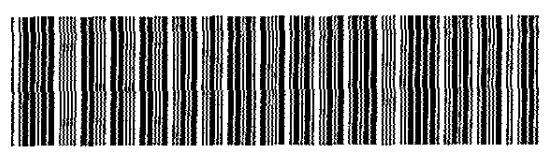
(Business Entity Name)

(Document Number)

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03 AUG -8 AM 1:55
STATE
TALLAHASSEE, FLORIDA

August 5, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Peter Sanchez M.D. P.A.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$87.50. Please file the articles and send us a certified copy and certificate to the following:

Peter Sanchez M.D.
9340 Fountainbleau Blvd., Apt. 404,
Miami, Florida 33172

If you have any questions, please contact me at 305-283-3446.

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name of the corporation shall be Peter Sanchez M.D. P.A.

The purpose for which this corporation is organized is to render medical services.

The principal place of business and mailing address of the corporation is:

9340 Fountainbleau Blvd., Apt. 404, Miami, Florida 33172

The corporation shall have the authority to issue 100 shares of common stock, in one class only, each with a par value of \$1.00.

The registered agent of the corporation is Peter Sanchez M.D. and the Registered street address is: 9340 Fountainbleau Blvd., Apt. 404, Miami, Florida 33172

The initial Board of Directors shall have 1 (one) member whose name and address is as follows:

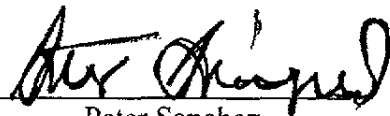
Peter Sanchez M.D.
9340 Fountainbleau Blvd., Apt. 404, Miami, Florida 33172

The number of directors may be raised or lowered by amendment of the Bylaws of the corporation but shall in no case be less than one.

The incorporator of this corporation is Peter Sanchez M.D. whose street Address is:

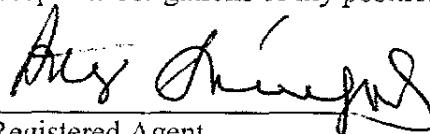
9340 Fountainbleau Blvd., Apt. 404, Miami, Florida 33172

Date: July 28, 2003



Peter Sanchez
Incorporator

Having been named as registered agent and to accept service of process for the above state 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 am familiar with and accept the obligations of my position as registered agent.



Registered Agent

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03 AUG -8 AM 1:56
STATE
SEVEN
TALLAHASSEE, FLORIDA