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**To:**

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

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**FLORIDA PROFIT CORPORATION OR P.A.****DELILAH ALONSO, M.D., P.A.**

Certificate of Status	0
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SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

**OF**

**DELILAH ALONSO, M.D., P.A.**

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: DELILAH ALONSO, M.D., P.A.

**ARTICLE II DURATION**

This corporation should have perpetual existence.

**ARTICLE III PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: 318 ALESIO AVE., CORAL GABLES, FL 33134.

**ARTICLE IV PURPOSE**

The purpose of this corporation shall be: MEDICAL SERVICES

**ARTICLE V CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares common stock having an individual par value of \$ 1.00

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**ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is: MAX A. ADAMS, ESQ., ONE ALHAMBRA PLAZA, SUITE #100, CORAL GABLES, FL 33134.

**ARTICLE VII BOARD OF DIRECTOR(S)**

The name and address of the initial board of directors shall be:

**PRESIDENT**

DELILAH A. ALONSO

318 ALESIO AVE.


CORAL GABLES, FL 33134

**ARTICLE VIII INCORPORATOR(S)**

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.  
2444 NW 7<sup>th</sup> PLACE  
MIAMI, FL 33127

The undersigned has (have) executed these Articles of Incorporation this 2nd day of SEPTEMBER, 2003.

  
\_\_\_\_\_  
INCORPORATOR  
Ray Stormont Signing for  
Empire Corporate Kit of America, Inc.

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TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

*Delilah Alonso, M.D., P.A.*

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

  
REGISTERED AGENT

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