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Florida Department of State
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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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.
FAMILY PRACTICE GROUP CORP.

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
FAMILY PRACTICE GROUP CORP.

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:

FAMILY PRACTICE GROUP CORP.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:

5821 SW 17 STREET, MIAMI, FLORIDA. 33155

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTY, TERRITORY OR NATION.

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.

1000 SHARES AT \$1.00 EACH

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)

***LELYS MAGALYS ANGULO (PRESIDENT)**

5821 SW 17 STREET

MIAMI, FLA. 33155

***ARMANDO ANGULO (SEC/TREA)**

5821 SW 17 STREET

MIAMI, FLA. 33155

ARTICLES VI INCORPORATOR(S)

**THE NAME(S) AND STREET ADDRESS(ES) OF THE
INCORPORATOR(S) TO THIS ARTICLES OF INCORPORATION IS
(ARE):**

**LELYS MAGALYS ANGULO
5821 SW 17 STREET
MIAMI, FLA. 33155**

**ARMANDO ANGULO
5821 SW 17 STREET
MIAMI, FLA. 33155**

**IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS: 4TH DAY OF NOVEMBER OF THE YEAR 2003**

SIGNATURE(S) OF INCORPORATOR(S)

X Lelys M. Angulo

X Armando Angulo

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
THE NAME OF THE CORPORATION:

FAMILY PRACTICE GROUP CORP.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND
OFFICE IS

LELYS MAGALYS ANGULO
5821 SW 17 STREET
MIAMI, FLA. 33155
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

SIGNATURE: 

TITLE PRESIDENT

DATE: NOVEMBER 4TH, 2003

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 SECTIONS OF SECTION
607.325, FLORIDA STATUTES

SIGNATURE: 
DATE NOVEMBER 4TH, 2003