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Florida Department of State
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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

J. Roberto Macedo M.D., P.A.

Certificate of Status	1
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

J. Roberto Macedo M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

J. Roberto Macedo M.D., P.A.
8900 Collins Avenue, Suite 204
Surfside, FL 33154

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 SHARES @ No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of a(n): **Medical Doctor**

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Roberto Macedo
8900 Collins Avenue, Suite 204
Surfside, FL 33154**

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Roberto Macedo - President
8900 Collins Avenue, Suite 204
Surfside, FL 33154**

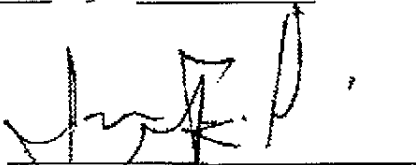
ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Roberto Macedo
8900 Collins Avenue, Suite 204
Surfside, FL 33154**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7th day of November 2003.



Roberto Macedo
SIGNATURE 11/21/03

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: J. Roberto Macedo M.D., P.A.

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

Roberto Macedo

Name

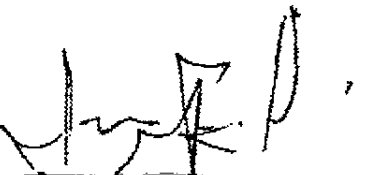
8900 Collins Avenue, Suite 204

(P.O. Box or Mail Drop Box NOT Acceptable)

Surfside, FL 33154

(City / State / Zip)

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 the 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.


Roberto Macedo
SIGNATURE 11/24/03

November 7, 2003

(Date)

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