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Division of Corporations
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From:
Account Name : ULTIMATE MEDICAL BILLING, INC.
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FLORIDA PROFIT CORPORATION OR P.A.

HUGO GOLDSTRAJ, M.D.P.A.

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 20, 2004

ULTIMATE MEDICAL BILLING, INC.

SUBJECT: HUGO GOLDSTRAJ, M.D., P.A.
REF: W04000007356

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FAX Aud. #: H04000031958
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ATTN: Tracy Smith

2/23/04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 18, 2004

ULTIMATE MEDICAL BILLING, INC.

SUBJECT: HUGO GOLDSTRAJ, M.D.P.A.
REF: W04000006423

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Doris Brown
Document Specialist
New Filings Section

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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 Article of Incorporation.

ARTICLE I - NAME

HUGO GOLDSTRAJ, M.D., P.A.

ARTICLE II - PRINCIPAL OFFICE

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

42 NW 27 AVENUE, STE 311A
MIAMI, FL 33125

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HUGO GOLDSTRAJ
19111 COLLINS AVE, APT 2503
SUNNY ISLAND, FL 33160

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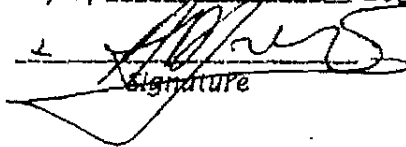
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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

HUGO GOLDSTRAJ
19111 Collins Ave, Apt 2503
Sunny Island, FL 33160

The undersigned incorporator has executed these Articles of Incorporation this 12 day of February 20, 04


Signature

ARTICLE VI- DIRECTOR(S)

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

HUGO GOLDSTRAJ
19111 Collins Ave, Apt 2503
Sunny Island, FL 33160

PRESIDENT

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related 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 Signature

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PURPOSE: PRACTICE OF MEDICINE

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