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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

progressive healthcare clinic inc.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I - NAME

The name of the corporation shall be:

Progressive HealthCare Clinic Inc.

ARTICLE II - PRINCIPLE OFFICE:

The principle office of business and mailing address of this corporation shall be:

11920 S.W. 6th. Street
Miami, FL 33184

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

Healthcare clinic

ARTICLE IV - SHARES

100

ARTICLE V - INITIAL DIRECTORS / OFFICERS

The names and addresses:

Adela Marlene Alvarez
11920 S.W. 6th. street
Miami, FL 33184

ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street address of the registered agent is:

Adela Marlene Alvarez
11920 S.W. 6th. street
Miami, FL 33184

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

Adela Marlene Alvarez
11920 S.W. 6th. street
Miami, FL 33184

Having been named as registered to accept service of process for the above state corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Adela Alvarez
Signature Registered Agent

2-3-05
Date

Adela Alvarez
Signature Incorporator

2-3-05
Date

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