P.01/02

# Florida Department of State

Division of Corporations Public Access System

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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/NON PROFIT CORPORATION

new york medical office inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: New York Medical office Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 5995 SW 8 Street

Miami, FI FI 33144

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

#### <u>ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

Jose M Perra 5995 SW 8 Street Miami, FI Fi 33144

#### ARTICLE V INCORPORATOR

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

Jose M Регта 5995 SW 8 Street

Miami, Fl Fl 33144

ARTICLE VI OFFICERS AND DIRECTORS

Jose M Perra 5995 SW 8 Street Miami, Fl Fl.33144

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certicate, I hereby accept the appoint ment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duies, and I am families with and accept the obligations of my position as registered agent.

Signature/Registered Agent