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(Address)

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(City/State/Zip/Phone #)

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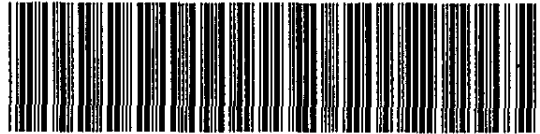
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED

06/28/05 11:05

FILED

10/05/05 10:08 AM

March 20, 2006

State of Florida  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

Attached please find articles of Incorporation for DAGMAR LEMUS M.D, P.A. and a check for \$78.75 to cover the Incorporation fees, and a Certified Copy of the Incorporation.

Please address any correspondence to:

Dagmar Lemus  
531 NW 136<sup>th</sup> Ave.  
Miami, FL 33182-1916

Thank you for your prompt response.

Respectfully,



Dagmar Lemus

FILED  
06 MAR -4 11:06  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF INCORPORATION  
OF  
DAGMAR LEMUS M.D., P.A.**

WE, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

**Article I:** The name of the corporation shall be DAGMAR LEMUS M.D., P.A.

**Article II:** The principal office of this corporation shall be located at 531 NW 136<sup>th</sup> Ave., Miami, FL 33182-1916.

**Article III:** The general nature of the business to be transacted shall be of medical services and for all legal purposes of incorporation under the laws of the State of Florida.

**Article IV:** The capital stock of the corporation shall consist of five hundred (500) shares, with a par value of one dollar per share (\$1.00).

**Article V:** The number of directors shall be three (3), and the name and post office address of the first Board of Directors and office are:

<u>NAME</u>	<u>OFFICE</u>	<u>POST OFFICE ADDRESS</u>
Dagmar Lemus	President	531 NW 136 <sup>th</sup> Ave Miami, FL 33182-1916
Pedro Lemus	Director	531 NW 136 <sup>th</sup> Ave Miami, FL 33182-1916
Peter Lemus	Director	5924 SW 42 <sup>nd</sup> Terr Miami, FL 33165-5208

**Article VI:** The number of shares and the consideration therefore, the proceed of which will amount not less than Five Hundred Dollars (\$500.00), is as follows:

<u>NAME</u>	<u>No. OF SHARES</u>	<u>CONSIDERATION</u>
Dagmar Lemus	100	\$500.00

**Article VII:** DAGMAR LEMUS, is hereby designated as the Register Agent for the corporation and 531 NW 136<sup>th</sup> Ave., Miami, FL 33182-1916 as the address.

FILED  
MAY 14 1996  
CLERK OF DISTRICT COURT  
SOUTH DALLAS COUNTY TEXAS

06 APR -4 AM 11:06

FILED

IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Miami, Florida this \_\_\_\_ day of \_\_\_\_\_, 2006, for the uses and purposes aforesaid.

Jose Diaz  
Witness

Dagmar Lemus  
DAGMAR LEMUS

Rosa Diaz  
Witness

Pedro Lemus  
PEDRO LEMUS

Rosario Lemus  
Witness

Peter Lemus  
PETER LEMUS

STATE OF FLORIDA           )  
COUNTY OF MIAMI-DADE )

Subscriber(s) and person(s) described in and who executed the foregoing Certificate of Incorporation, who acknowledged before me that they subscribe thereto, and did so for the uses and purposes therein contained.

Affirmed and signed before me, on this 29 day of MARCH, 2006, by DAGMAR LEMUS, PEDRO LEMUS and PETER LEMUS who are personally known to me.

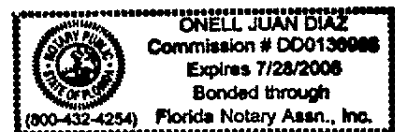
DAGMAR LEMUS, PEDRO LEMUS and PETER LEMUS personally and individually appeared before me at time of notarization, and after being given the oath, acknowledged signing the foregoing acceptance.

ONELL JUAN DIAZ  
(Printed or Typed Name)

[Signature]  
Notary Public

Commission Expiration Date & Commission Number:

(SEAL)




CERTIFICATE OF DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the following is submitted:


DAGMAR LEMUS M.D., P.A.

desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Miami, State of Florida, has name DAGMAR LEMUS, located at 531 NW 136<sup>TH</sup> Ave., Miami, FL 33182-1916, as its Agent to accept service of process within Florida.

  
\_\_\_\_\_  
CORPORATE OFFICER  
TITLE: PRESIDENT  
DATE: 3/20/06

FILED  
MAR 20 4 11 PM '06  
TALLAHASSEE, FLORIDA

I 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.

  
\_\_\_\_\_  
RESIDENT AGENT  
DATE: 3/20/06