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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305) 262-2323
Fax Number : (305) 262-2324

FLORIDA PROFIT/NON PROFIT CORPORATION

ALDO YRUELA M.D. P.A.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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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:

ALDO YRUELA M.D P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2141 NW 7 ST
MIAMI, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ALDO YRUELA M.D. (PRESIDENT/DIRECTOR)
2141 NW 7 ST
MIAMI, FL 33125

ARTICLE VI REGISTERED AGENT

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

ALDO YRUELA M.D.
2141 NW 7 ST
MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALDO YRUELA M.D.
2141 NW 7 ST
MIAMI, FL 33125

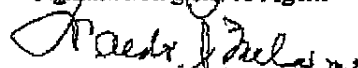
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

04/28/2006

Date



Signature/Incorporator

04/28/2006

Date

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