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Florida Department of State
Division of Corporations
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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

JOSE LUIS SANTAMARIA P.A.

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

FILED
06 MAY 19 PM 12:42
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:

JOSE LUIS SANTAMARIA P.A.

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06 MAY 19 PM 12:42
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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8261 NW 8 ST SUITE 334
MIAMI, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PHYSICIAN ASSISTANT 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):

JOSE LUIS SANTAMARIA (PRESIDENT/DIRECTOR)
8261 NW 8 ST SUITE 334
MIAMI, FL 33126

ARTICLE VI REGISTERED AGENT

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

JOSE LUIS SANTAMARIA
8261 NW 8 ST SUITE 334
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSE LUIS SANTAMARIA
8261 NW 8 ST SUITE 334
MIAMI, FL 33126

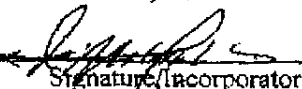
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature, Registered Agent

05/19/2006

Date



Signature, Incorporator

05/19/2006

Date

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