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Division of Corporations

Fax Number : (850)205-0381

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Account Number soll10450000714

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FLORIDA PROFIT/NON PROFIT CORPORATION

RAMON A. CHIONG, D.O., P.A.

Certificate of Status	0
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To: +1 (850) 205-0381 Subject: 000626.54023.1 From: Ricky Soto

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ARTICLES OF INCORPORATION

RAMON A. CHIONG, D.O., P.A.

In Compliance with Chapter 607 and Chapter 621, Florida Statutes

The undersigned, a natural person of the age of eighteen years or over, desiring to form a professional service corporation within the meaning of Florida Statutes, Chapter 621 and the applicable provisions of Florida Statutes, Chapter 607, hereby certifies as follows:

ARTICLE I

The name of the Corporation is:

RAMON A. CHIONG, D.O., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing addresses are:

Principal Place of Business: 2100 Nebraska Avenue, Suite 113

Fort Piorce, Florida 34950

St. Lucie County

Mailing Address:

c/o Ramon A. Chiong, D.O. 7404 Bob O'Link Way Port St. Lucie, Florida 34986

St. Lucie County

ARTICLE III **PURPOSE**

The purposes for which it is formed are as follows:

To prectice, through individuals authorized by law, the profession of medicine.

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To own real or personal property necessary for the rendering of the professional services which the Corporation is authorized to perform and to invest its funds in real estate, mortgages, stocks, bonds or other types of investments.

In furtherance of its corporate business, the Corporation shall have authority to pay pensions, establish and carry out pension, profit sharing, share bonus, share purchase, share option, savings, thrift and other retirement, incentive and benefit plans, trusts and provisions for any or all of its directors, officers and employees, and to exercise all of the powers conferred by Chapters 607 and 621 of the Florida Statutes upon corporations formed thereunder, subject to any limitations contained in these specified Chapters or in accordance with the provisions of any other statute of the State of Florida.

ARTICLETY

The number of shares of stock is:

One thousand (1,000), all of which are to be with no par value, to be issued or transferred only to individuals authorized by law to practice, in the State of Florida, the profession which this Corporation is authorized to practice.

<u>ARTICLE V</u> INITIAL OFFICERS AND DIRECTORS

The name and residence address of the original officer and director, who is duly authorized to practice medicine in the State of Florida is:

Treasurer

ADDRESS NAME OFFICE

7404 Bob O'Link Way President Ramon A. Chiong, D.O. Port St. Lucie, Florida 34986

Secretary Vice President

ARTICLE YI REGISTERED AGENT

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

National Corporate Research, LTD., Inc. 515 East Park Avenue Tallahassee, Florida 32301

To: +1 (850) 205-0381 Subject: 000626.54023.1 From: Ricky Soto

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ramon A. Chiong, D.O.

7404 Bob O'Link Way Port St. Lucie, Florida 34986

ARTICLE VIII LIABILITY OF DIRECTORS/OFFICERS

To the fullest extent now or hereafter provided for or permitted by law, directors and/or officers shall not be liable to the Corporation or its shareholders for damages for any breach of duty in their capacity as directors and/or officers.

ARTICLE IX SHAREHOLDER'S AGREEMENT

The shareholders of this Corporation may enter into a shareholder's agreement, or similar agreement, providing for the management of this Corporation, the election of officers or directors, or other matters. Such an agreement, if signed by all of the shareholders, shall supersede any provisions of these Articles, or of the Bylaws that are in conflict.

IN WITNESS WHEREOF, I hereunto sign my name and affirm that the statements made herein are true under the penalties of penjury this _______ day of _______ 2006.

Ramon A. Chiong, D.O. 7404 Bob O'Link Way Port St. Lucie, Florida 34986 Incorporator

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

Theresa Lennon, Asst. Secretary

Date