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

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

MACOR MEDICAL CENTER INC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **MACOR MEDICAL CENTER INC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

935 W 49 ST 102-A
HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **HEALTH CARE CLINIC**

ARTICLE IV SHARES

The number of shares of stock is:

10 SHARES OF $50.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIO L. CORTES, PRESIDENT
662 W 44 PL
HIALEAH, FL 33012

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MARIO L. CORTES, PRESIDENT
662 W 44 PL
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIO L. CORTES, PRESIDENT
662 W 44 PL
HIALEAH, FL 33012

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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 — 06.26.06 Date

Signature/Incorporator — 06-26-06 Date