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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 : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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FLORIDA PROFIT/NON PROFIT CORPORATION

Nelda Santos Malacaman MD, Inc.

Certificate of Status	0
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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:  
**NELDA SANTOS MALACAMAN MD, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7766 WATERMARK LANE  
JACKSONVILLE FLORIDA 32256

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:  
1,500 COMMON SHARES PAR VALUE \$.10

**ARTICLE V INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT & SECRETARY:  
NELDA SANTOS MALACAMAN  
7766 WATERMARK LANE  
JACKSONVILLE FLORIDA 32256

**ARTICLE VI REGISTERED AGENT**

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

NELDA SANTOS MALACAMAN  
7766 WATERMARK LANE  
JACKSONVILLE FLORIDA 32256

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**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

NELDA SANTOS MALACAMAN  
7766 WATERMARK LANE  
JACKSONVILLE FLORIDA 32256

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above 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.*

*Nelda Santos Malacaman*      10/19/06  
NELDA SANTOS MALACAMAN / Registered Agent      Date

*Nelda Santos Malacaman*      10/19/06  
NELDA SANTOS MALACAMAN / Incorporator      Date

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