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LAZARUS * CORPORATE FILING SERVICE

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time _ 1 06 Certified Copy Mail out Will wait Certificate of Status Photocopy NEW FILINGS <u>AMENDMENTS</u> Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF INCORPORATION

FILED

07 FEB 28 AM 11: 17

The undersigned Incorporator(s), for the purpose of forming a SECRETARY OF STATE corporation under the Florida Business Corporation Act, hereby about \$\sigma \text{SSEE}, FLORIDA the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

InterMas Medical Center Corp.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

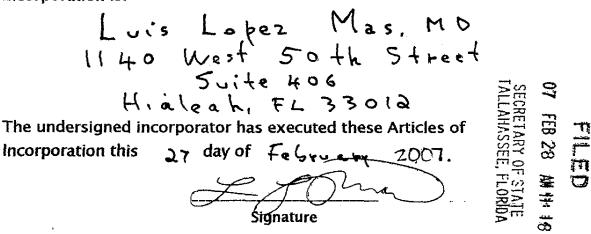
The name and address of the initial registered agent is:

Luis Lopez Mas, MD 15106 SW 20th Lane Miami, FL 33185-5679

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:



ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature