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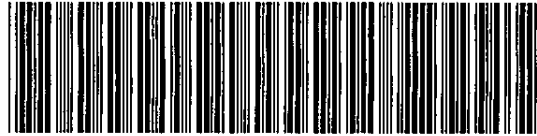
(Business Entity Name)

(Document Number)

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FILED
07 MAR -5 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE MAR -6 2007

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: SUNCOAST Medical Network INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Rene F. Gomez
Name (Printed or typed)

8720 North Kendall Drive Suite 116
Address

MIAMI, FL 33176
City, State & Zip

(305) 458 1475
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1 NAME

The name of the corporation shall be:

Suncoast Medical Network, Inc.

ARTICLE 2 PRINCIPAL OFFICE

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

8720 North Kendall Drive Suite 116
Miami, Fl 33176

ARTICLE 3 PURPOSE

The company's purpose is to serve as a managed service organization for healthcare providers.

ARTICLE 4 SHARES

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

1,000 shares of common

ARTICLE 5 INITIAL OFFICERS AND/OR DIRECTORS

Mr. Rene F. Gomez, CEO
8720 North Kendall Drive Suite 116
Miami, Fl 33176

Mr. Raymond A. Levy, COO
20100 SW 84 PL
Miami, Fl 33189

ARTICLE 6 REGISTERED AGENT

THE NAME OF THE REGISTERED AGENT IS:

Mr. Rene F. Gomez
9470 SW 77 AVE APT O8
Miami, Fl 33156

ARTICLE 7 INCORPORATOR

THE NAME AND ADDRESS OF THE INCOROPORATOR IS:

Mr. Rene F. Gomez
9470 SW 77 AVE APT O8
Miami, Fl 33156

The undersigned incorporators have executed these Articles of Incorporation this
twentysixth (26th) day of February, 2007.

 2/28/07

Rene F. Gomez, CEO



Raymond A. Levy, COO

Article of Incorporation Filling Fee \$78.50

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Suncoast Medical Network, Inc.**

2. The name and address of the registered agent and office is:

Mr. Rene F. Gomez
8720 North Kendall Drive Suite 116
Miami, FL 33156

Having been named as registered agent and to accept service of process for the above state corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

 2/28/07

Rene F. Gomez, CEO

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TALLAHASSEE, FLORIDA