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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAR 28 PM 12:17

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FLORIDA PROFIT/NON PROFIT CORPORATION

PROVIDER HEALTH SERVICES, INC.

Certificate of Status	0
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DIVISION OF CORPORATION

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ARTICLES OF CORPORATION

OF

PROVIDER HEALTH SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

PROVIDER HEALTH SERVICES, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

name:

PROVIDER HEALTH SERVICES, INC.

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33165
(305) 485-9300

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ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

**DIANA E. PAZ
3750 W 16 AVE SUITE # 102
HIALEAH, FL. 33012**

The principal office shall be:

**3750 W 16 AVE SUITE # 102
HIALEAH, FL. 33012**

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ARTICLE VI

The initial Board of Directors shall consist of a total of **ONE(01)** person, and the name and address of the person who is to serve as an initial director is:

DIANA E. PAZ
3750 W 18 AVE SUITE # 102
HIALEAH, FL. 33012

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

DIANA E. PAZ
3750 W 18 AVE SUITE # 102
HIALEAH, FL. 33012

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this MARCH 26, 2008.



DIANA E. PAZ

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

Pursuant to the provision of sections 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:

PROVIDER HEALTH SERVICES, INC.

2. The Name and Address of the registered agent and office is wireless

**DIANA E. PAZ
3750 W 16 AVE SUITE # 102
HIALEAH, FL. 33012**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

SIGNATURE

[Signature]
Dated: MARCH 28, 2008.

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