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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6391

From: Account Name : CSH SERVICES, LLC
Account Number : I200700C0160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

M-P Family Health, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
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Help

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:

M-P FAMILY HEALTH, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8120 SW 13TH ST
MIAMI, FLORIDA 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or 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 \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

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

PRESIDENT
IDAYLIS MORONO-PONCE
8120 SW 13TH ST
MIAMI, FLORIDA 33144

VICE-PRESIDENT
RENE PONCE
8120 SW 13TH ST
MIAMI, FLORIDA 33144

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14-08000220968-3

PAGE 2 M-P FAMILY HEALTH, INC.

ARTICLE VI REGISTERED AGENT

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

IDAYLIS MORONO-PONCE
8120 SW 13TH ST
MIAMI, FLORIDA 33144

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TALLAHASSEE, FLORIDA

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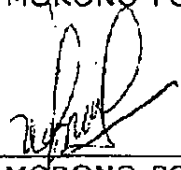
APPROVED
AND
FILED**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

IDAYLIS MORONO-PONCE
8120 SW 13TH ST
MIAMI, FLORIDA 33144

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



IDAYLIS MORONO-PONCE / Registered Agent9/20/2008
Date

IDAYLIS MORONO-PONCE / Incorporator9/20/2008
Date