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FLORIDA PROFIT/NON PROFIT CORPORATION

Metro MED of Florida MSO, Inc.

Certificate of Status	0
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The undersigned incorporators, natural persons 18 years of age or older, in order to form a corporate entity under Florida Statutes; adopt the following articles of Incorporation.

ARTICLE I

NAME

The name of this corporation shall be Metro MED of Florida MSO, Inc.

ARTICLE II

The Principle place of business and mailing address of this corporation shall be:
12510 Kendall Drive, Miami, Florida 33186

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding anytime is 100 shares of \$1 Par Value

ARTICLE IV

The name and address of Initial registered agent is:

Pablo E. Silverio
9460 Fontainebleau Blvd
Suite 523
Miami, FL 33172

ARTICLE V

The names and address of the Incorporators to these articles of incorporation are:

Pablo E. Silverio
9460 Fontainebleau Blvd.
Suite 523
Miami, FL 33172

Oscar Hernandez MD
19048 SW 80 CT
Miami, FL 33157

Angelo Sifakes
5206 Medallist Road
Sarasota, FL 34243

The undersigned Incorporator have executed these Articles of Incorporation this First day of April, 2009


Pablo E Silverio

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FROM : LAZARUS

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**CERTIFICATION OF DESIGNATION
REGISTERED AGENT REGISTERED OFFICE**

Pursuant to the Provisions 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 register officer/registered agent in the State of Florida.

1. The name of the Corporation is: Metro MED of Florida MSO, Inc.
2. The name and address of the registered agent is:

Pablo E. Silverio
9460 Fontainebleau Blvd.
Suite 523
Miami, FL 33172

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 AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: _____



DATE: April 1, 2009

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TALLAHASSEE, FLORIDA

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