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FLORIDA PROFIT/NON PROFIT CORPORATION  
MARGARITA DEL VAL, M.D., P.A.

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ARTICLES OF INCORPORATION  
OF

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

Margarita DEL VAL, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

3850 SW 87 Avenue  
Suite 107  
MIAMI, FL 33165

ARTICLE III PURPOSE

The purpose of this corporation shall be:

Health Services

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MARGARITA DEL VAL  
3850 SW 87 AVE  
SUITE 107  
MIAMI FL 33165

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ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

MARGARITA DEL VAL.  
3850 SW 87 AVE  
SUITE 107  
MIAMI FL 33165.

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

MARGARITA DEL VAL. - PRESIDENT.  
3850 SW 87 AVE.  
SUITE 107  
MIAMI FL 33165.

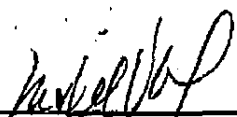
ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

MARGARITA DEL VAL  
3850 SW 87 AVE  
SUITE 107  
MIAMI FL 33165.

The undersigned has (have) executed these Articles of Incorporation this 18 day of

May, 2010.

  
\_\_\_\_\_  
Incorporator Signature

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

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED 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.

  
REGISTERED AGENT SIGNATURE

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