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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
LAS CLINICAS DE ACCIDENTES, INC.**

Certificate of Status	0
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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act hereby adopts the following Articles of Incorporation.

ARTICLE 1 – NAME

The name of the corporation shall be:

LAS CLINICAS DE ACCIDENTES, INC.

ARTICLE 2 – PRINCIPAL OFFICE

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

**434 SW 12 Avenue, Suite 304
Miami, Florida 33130**

ARTICLE 3 – SHARES

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

One hundred (100) shares; \$1.00 par value.

ARTICLE 4 – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Migdalia Martinez
861 East 17 Street
Hialeah, FL 33010**

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ARTICLE 5 – INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Rosaymee Herrera
434 SW 12 Avenue, Suite 304
Miami, Florida 33130

ARTICLE 6 – DIRECTORS

Rosaymee Herrera – President
434 SW 12 Avenue, Suite 304
Miami, Florida 33130

The undersigned incorporator has executed these Articles of Incorporation this
15TH day of October, 2010.

Rosaymee Herrera
Rosaymee Herrera – President

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**CERTIFICATE 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 designation the designation of the registered agent/registered office, in the State of Florida.

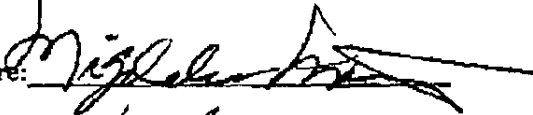
1.- The name of the Corporation is : LAS CLINICAS DE ACCIDENTES, INC.

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

Migdalia Martinez
861 East 17 Street
Hialeah, FL 33010

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:



Date:

10/15/2010

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