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FLORIDA PROFIT/NON PROFIT CORPORATION  
YOEL A. HERNANDEZ MD PA

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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:

YOEL A. HERNANDEZ MD PA

ARTICLE II PRINCIPAL OFFICE

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

102-09 camel BACK LANE  
BOCA RATON FL 33498

ARTICLE III PURPOSE

The purpose of this corporation shall be:

MEDICAL PRACTICE

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:

YOEL A. HERNANDEZ-RODRIGUEZ  
102-09 camel BACK LANE  
BOCA RATON FL 33498  
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ARTICLE VI BOARD OF DIRECTOR (S)

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

Yoel A HERNANDEZ-Rodriguez  
102-09 Camel back LANE  
BOCA RATON FL 33498

ARTICLE VII OFFICER (S)

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

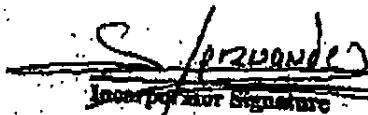
Yoel A. HERNANDEZ-Rodriguez (P)  
102-09 Camel Back LANE  
BOCA RATON FL 33498

ARTICLE VIII INCORPORATOR (S)

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

YOEL A. HERNANDEZ-RODRIGUEZ  
102-09 camel BACK LANE  
BOCA RATON FL 33498

The undersigned has (have) executed these Articles of Incorporation this 3 day of FEBRUARY 2011.

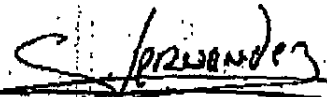
  
Incorporator Signature

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED 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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