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| (Requestor's Name) | | |
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FLORIDA DEPARTMENT OF STATE AHASSEE, FLORIDA Division of Corporations

October 3, 2011

JEAN FONT 13055 SW 42 ST, SUITE 201 MIAMI, FL 33175

SUBJECT: JEAN FONT MD PA Ref. Number: W11000048810

We have received your document for JEAN FONT MD PA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 311A00022708

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

DIVISION OF CORPORATIONS ·NAME Font MD PA The name of the corporation shall be: 11 OCT | | PM |: 47 PRINCIPAL OFFICE ARTICLE II Principal street address Mailing address, if different is: ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: provide medical services. ARTICLE IV SHARES The number of shares of stock is: 5∞ ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Name and Title:_ Address: Suite 201 Address: miami Fl. _____ Name and Title:____ Address: Address: Name and Title: Name and Title: Address: __ Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: sean Font Address: mani ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes of third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator