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**FLORIDA PROFIT/NON PROFIT CORPORATION  
SOUTH FLORIDA PHYSICIAN CARE NETWORK P.A.**

Certificate of Status	0
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# ARTICLES OF INCORPORATION OF

## SOUTH FLORIDA PHYSICIAN CARE NETWORK P.A.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida and all rights duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

### ARTICLE I

The name of the Corporation shall be:

SOUTH FLORIDA PHYSICIAN CARE NETWORK P.A.

### ARTICLE II

This Corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

### ARTICLE III

This Corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, State of Florida or any other state, country, territory or nation. Medical practice, physician care services.

### ARTICLE IV

The aggregate number of shares, which this corporation shall have authority to issue, is the total of 500 shares, having an individual par value of \$1.00 each, and shall be only Common class of stock on this corporation.

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## ARTICLE V

The name and address have the initial registered agent, registered office, and principal office of this corporation shall be:

OSWALDO S SANDOVAL  
49 EAST 2ND AVENUE  
HIALEAH, FLORIDA 33013

## ARTICLE VI

The initial Board of Directors shall consist of a total of one person and the name of the person who is to serve as initial director is:

OSWALDO S SANDOVAL

PRESIDENT/TREASURY

## ARTICLE VII

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

  
OSWALDO S SANDOVAL  
4154 STAGHORN LANE  
WESTON, FLORIDA 33331

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IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 23 day of March 2012.

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

BEFORE ME, a Notary Public, authorized to take acknowledgments in the state and county set forth above, personally appeared, OSWALDO S SANDOVAL known to me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 23 day of March, 2012.

  
\_\_\_\_\_  
CARLOS GRANIZO  
NOTARY PUBLIC, State of Florida  
At Large

My Commission Expires:



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In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

First-That SOUTH FLORIDA PHYSICIAN CARE NETWORK P.A.  
(Name of Corporation)

Desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation At the City of MIAMI County of MIAMI-DADE State of Florida has named OSWALDO S SANDOVAL, Located at 49 EAST 2ND AVENUE, 33013 City HIALEAH, County of MIAMI-DADE State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By:

  
OSWALDO S SANDOVAL MD  
Registrar Agent

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