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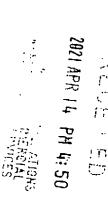
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FLORIDA PROFIT/NON PROFIT CORPORATION INTI FERNANDEZ M.D AT MIA, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75



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ARTICLES OF INCORPORATION

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

ARTICLE I . NAME: The name of the corporation is: ERNANUEZ M.D at ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: SHARES: The number of shares of stock is: INITIAL DIRECTORS AND/OR OFFICERS: FERNANDEZ ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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RTICLE VI	INCOR	PORATOR: T		_	of the Incor	porator is:
	INI	i tea				
		SW.				
	MAM	i FL		313/		

The name and Florida street address (PO Box not-acceptable) of the registered agent is:

Required Signatures:

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 familien with and accept the appointment as registered agent and agree to act in this capacity

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 a third degree felony as provided for in s.817.155, F.S.

Incorporator