TRANSMITTAL LETTER Department of actions Department of actions Division of Corporations P. O. Box 6327

SUBJECT: SUNSHINE GENERAL MEDICAL GROUP, INC.

Tallahassee, FL 32314

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Afease, Send This DOCUMENTS

AT: 1840 West. 49 ST. Suite 600

HiAleAH, FL. 33012 995A-963

City, State & Zip

Daytime Telephone number

(305) 461-2557

NATICLES OF INCORPORATION

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SUNSHINE GENERAL MEDICAL CROUP, INC.

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

ARTICLE I

The name of this corporation shall be: SUNSHINE GENERAL MEDICAL GROUP, INC.

ARTICLE II

This Corporation shall commence existence upon the filing of these Articles of Incorporation by 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 businesses permitted under the laws of the United States, State of Florida or any other state, country, territory or nation.

ARTICLE IV

The aggregate number of shares is the total of 100 shares, having an individual par value of US \$100.00 and there shall be only Common class of stock on this corporation.

ARTICLE V

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

RAFAEL OZUNA 1240N.W. 119 Street Miami, Florida 33168

PREPARED BY: Rafael Ozuns - 1240 N.W. 112 St. Miami, Florida 33168

ARTICLES VI

The initial Board of Directors shall consist of a total of 5 persons and the name and address of the persons who is to serve as initial director is:

RAFAEL OZUNA

PRESIDENT

1240 N.W. 112 St. Miami, Florida 33168

ANGEL OZUNA

VICE- PRSIDENT

1240 N.W. 112 St. Miami, Florida 33168

DR. LUIS CAMPILLO

VICE- PRESIDENT

1240 N.W. 112 St. Miami, Florida 33168

JUAN COLON

TREASURER

1240 N.W 112 St. Miami, Florida 33168

DR. CRISTIAN BRETON 1240N.W. 112 St. Miami, Florida 33168 SECRETARY

The names and addresses of the incorporators executing these Articles of incorpoation are:

RAFAEL CZUNA 1240 N.W.112 ST MIAMI, FL 33168

ANGEL OZUNA 1240 N.W 112 ST. MIAMI, FL 33168 DR. LUIS CAMPILLO 1240 N.W. 112 ST. MIAMI, FL 33168

JUAN COLON 1240 N.W. 112 ST. MIAMI, FL 33168 DR. CRISTIAN BRETON 1240 N.W. 112 ST. MIAMI, FL 33168

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

First-That SUNSHINE GENERAL MEDICAL GROUP, INC. (Name of Corporation)

Desiring to organize under the laws of State of <u>FLORIDA</u> with its principal office, as indicated in the articles of incorporation at City of Miami, County of Dade, State of <u>FLORIDA</u>.

Has named RAFAEL OZUNA (Name of Resident Agent).

Located at 1240 N.W. 112 St. (Street, address and number of building, Post Office Box address not acceptable)

City of MIAMI, County of DADE.

State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT: (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:

Signature Y

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFIC

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FEORIDAL STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATEMENT FLORIDA.

| 1. The name of the corporation is: SUNSHINE GENERAL, MEDICAL GROUP, INC. | |
|---|--|
| 2. The name | and address of the registered agent and office is: |
| | RAFAEL OZUNA |
| | (Name) |
| | 1240 N.W 112 ST. MIAMI, FL 33168 |
| | (P.O. Box not acceptable) |
| | MIAMI, FL 33168 |
| | (City/State/Zip) |
| Having been above stated the appoint to comply will mance of my as registered | named as registered agent and to accept service of process for the corporation at the place designated in this certificate, I hereby accept sent as registered agent and agree to act in this capacity. I further agree the provisions of all statutes relating to the proper and complete perforduties, and tam familiar with and accept the obligations of my position (Signature) |