

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____
 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

DMC 3/28/95

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	_____	_____	CK No. _____
BY	<i>W</i>	_____	_____

WALK-IN Will Pick Up *328* *W*

RE: *Aljando Jose Vilasuso, M.D.,*

PPS Foreign Association

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s. _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () _____ pgs.		
SUBTOTALS _____		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	
TAX on corporate supplies.....	
SUBTOTAL.....	
PREPAID.....	
BALANCE DUE.....	

FILED
 53 MAR 28 PM 12:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION

FILED

OF

95 MAR 28 PM 12:05

ALEJANDRO JOSE VILASUSO, M.D., PROFESSIONAL ASSOCIATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

ALEJANDRO JOSE VILASUSO, M.D., PROFESSIONAL ASSOCIATION

ARTICLE II - DURATION

The period of duration of the corporation is perpetual.

ARTICLE III - PURPOSE

The general nature of the business to be transacted by the Corporation shall be generally to engage in the practice of medicine to render medical and other similar services of every nature and description; and the Corporation shall further have the power to engage in and to do any lawful act permitted under the laws of the United States of America and the State of Florida, as limited by the provisions of the Professional Service Corporation Act.

ARTICLE IV - PRINCIPAL OFFICE

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

Alejandro Jose Vilasuso, M.D.
CEDARS OF LEBANON
1321 N.W. 14th Street, Suite 403
West Building
Miami, Florida 33125

ARTICLE V - SHARES

The capital stock authorized, the par value thereof, and the class of such stock shall be as follows:

<u>Number of Shares Authorized</u>	<u>Par Value Per Share</u>	<u>Class of Stock</u>
100	\$1.00	Common

ARTICLE VI - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is LISA M. SCHILLER, ESQ., 848 BRICKELL AVENUE, SUITE 1100, MIAMI, FLORIDA 33131.

ARTICLE VII - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is Alejandro Jose Vilasuso 4995 S.W. 82 Street, Miami, Florida 33143

ARTICLE VIII - COMMENCEMENT

This corporation shall commence on the date of which these Articles of Incorporation are filed with the Secretary of State.

ARTICLE IX - INITIAL BOARD OF DIRECTORS

This corporation shall have ***one*** director initially. The number of directors may be either increased or diminished from time to time by the By-Law, but shall never be less than one. The name and address of the initial director of this corporation is:

<u>Name</u>	<u>Address</u>
ALEJANDRO JOSE VILASUSO	4995 S.W. 82nd Street Miami, Florida 33143

ARTICLE X - OFFICERS

The initial officers of the Corporation are:

PRESIDENT/SECRETARY & TREASURER -- ALEJANDRO JOSE VILASUSO, M.D.

ARTICLE XI - BYLAWS

The power to alter, amend or repeal bylaws shall be vested in the Board of Directors and the shareholders.

ARTICLE XII - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the fullest extent permitted by law.

ARTICLE XIII - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

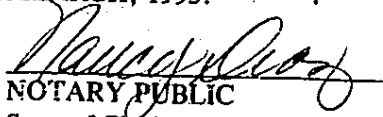
IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 27th day of March, 1995.

By: 
ALEJANDRO JOSE VILASUSO
Incorporator

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, the undersigned authority, authorized to take acknowledgements in the State and County set forth above, personally appeared ALEJANDRO JOSE VILASUSO known to me and known by me to be the Person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 27th day of MARCH, 1995.


NOTARY PUBLIC
State of Florida

My Commission Expires:
Notary Public, State of Florida
My Commission Expires May 18, 1995
Bonded Thru Troy Fain - Insurance Inc.

I HEREBY CERTIFY that I am familiar with and accept the duties and responsibilities as registered agent.

LM Schiller

LISA M. SCHILLER, ESQ.
REGISTERED AGENT

254VALEJANDR.PA

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95 MAR 28 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA