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04/ 9 22 FAX-T CORPORATE AGENTS (305) 592-9591 P. 001

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4/ /95 FLORIDA DIVISION OF CORPORATIONS [illegible] AM

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DEPARTMENT OF STATE
STATE OF FLORIDA
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TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FAX-T CORP. AGENTS, INC.
8405 NW 53RD ST
SUITE C-100
MIAMI FL 32166- 0-0000
CONTACT: LIDIA FERNANDEZ
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FAX: (305) 592-9591

((H95000004441)). DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: M & P MEDICAL SERVICES CENTER, INC.
FAX AUDIT NUMBER: H95000004441 CURRENT STATUS: REQUESTED
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ARTICLES OF INCORPORATION

OF

M & P MEDICAL SERVICES CENTER, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: M & P MEDICAL SERVICES CENTER, INC.

The principal place of business of this corporation shall be: 10240 SW 56th St. Suite 114-B
Miami, Fl 33165

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 (five hundred)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Pavel Lopez
9020 NW 8th St. Apt.508
Miami, Fl 33172

Prepared by: Pavel Lopez
9020 NW 8th St. Apt 508
Miami, Fl 33165
(305) 270-0945

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are): PAVEL LOPEZ
9020 NW 8th St. Apt.508
Miami, Fl 33172

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 19 day of April, 1995.

Signature(s) of Incorporator(s)

P/D Pavel Lopez

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida 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 State of Florida.

1. The name of the corporation is: M & P MEDICAL SERVICES CENTER,INC.

2. The name and address of the registered agent and office is: Pavel Lopez

9020 NW 8th St. Apt.508
(P.O. BOX NOT ACCEPTABLE)

Miami, Fl 33172
(CITY/STATE/ZIP)

SIGNATURE Pavel [illegible]
(corporate officer)

TITLE President/Director

DATE 4/19/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Pavel Lopez

DATE 4/19/95

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TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE: