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FLORIDA DIVISION OF CORPORATIONS

((H96000007448))  
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DIVISION OF CORPORATIONS FROM C. FERNANDEZ, M.D.

DEPARTMENT OF TREASURY  
STATE OF FLORIDA  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32399  
FAX: (904) 922-4000

277 PONCE DE LEON BLVD.

CORAL GABLES FL 33134-

CONTACT: ROLANDO TRUJILLO  
PHONE: (305) 541-0790  
FAX: (305) 541-4015

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION

((H96000007448))  
OR P.A.

NAME: CARMEN C. FERNANDEZ, M.D., P.A.  
FAX AUDIT NUMBER: H96000007448  
DATE REQUESTED: 05/28/1996  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
*[Handwritten signature]*  
5/28

H96 00000 7448  
**ARTICLES OF INCORPORATION**  
**OF**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 MAY 28 PM 1:33

FILED

CARMEN C. FERNANDEZ, M.D., P.A.

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

**ARTICLE I NAME**

The name of the corporation shall be: CARMEN C. FERNANDEZ, M.D., P.A.

**ARTICLE II PRINCIPAL OFFICE**

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

2735 Ponce De Leon Blvd.  
Coral Gables, FL 33134

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares of Common Stock, \$1.00 Par Value.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Carmen C. Fernandez, M.D., P.A.  
2735 Ponce De Leon Blvd.  
Coral Gables, FL 33134

Prepared by: Carmen C. Fernandez  
2735 Ponce De Leon Blvd.

Coral Gables, FL 33134  
Tel: (305) 541-8210 H96 00000 7448

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**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Carmen C. Fernandez, M.D., P.A.  
2735 Ponce De Leon Blvd.  
Coral Gables, FL 33134

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 day of May, 1996.

*C. Fernandez*  
\_\_\_\_\_  
Signature President

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: CARMEN C. FERNANDEZ, M.D., P.A.

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

CARMEN C. FERNANDEZ, M.D., P.A.  
 (Name)

2735 Ponce De Leon Blvd.  
 (P.O. BOX not acceptable)

Coral Gables, FL 33134  
 (City/State/Zip)

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*C. Fernandez*  
(Signature) Registered Agent

May 21, 1996

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