

June 28th, 1996

Department of State State of Florida P.O.Box 6327 Tullahassee, Florida 32314

Subject: Elba Mora M.D., Professional Association

Gentlemen:

Enclosed is an original and one copy of the Articles of Incorporation of "ELBA MORA M.D. PROFESSIONAL ASSOCIATION", and a check for:

\$131.25 - covering for the Filing Fee, Certified Copy and Certificate of Incorporation.

Yours truly,

Elba Mora, M.D.

10347 Lima Street

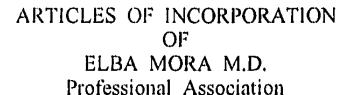
Cooper City, Florida 33026

Wellow when me

Daytime phone: (305) 556-1998

Home phone: (954) 435-2260

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The undersigned incorporators, for the purpose of forming a Professional Association under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation:

ARTICLE ONE - NAME

The name of the Professional Association shall be:

ELBA MORA M.D. PROFESSIONAL ASSOCIATION

ARTICLE TWO - PRINCIPAL OFFICE

The principal place of business and mailing address of the Professional Association shall be:

1840 West 49th Street, Suite #516, Hialeah, FL. 33012

ARTICLE THREE - SHARES

The number of shares of stock that this Professional Association is authorized to have outstanding at any one time is:

One thousand shares, par value \$10.00 each.

ARTICLE FOUR - INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:

Name:

Mr. Orlando P. Mora.

Address:

10347 Lima Street, Cooper City, Florida 33026

ARTICLE FIVE - INCORPORATORS

Name:

Ms, Elba Mora M.D. - S.S. #262-97-8297

Address:

10347 Lima Street, Cooper City, Florida 33026

Name:

Mr. Orlando P. Mora - S.S. #261-97-1352

Address:

10347 Lima Street, Cooper City, Florida 33026

ARTICLE SIX - DIRECTORS

Elba Mora M.D.

President

Orlando P. Mora

Vice President and Secretary

ARTICLE SEVEN - PURPOSE

The purpose of the Professional Association is to engage in the business of provinding medical services to the general public.

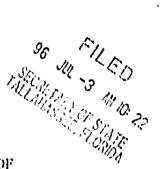
ARTICLE EIGHT - POWERS OF THE DIRECTORS

The directors will have the power to engage in all kind of legal transactions in the name of the Professional Association, including opening and operating bank accounts, as well as obtaining loans, purchasing, selling and incurring in contractual obligations.

The undersigned incorporators have executed these Articles of Incorporation in the City of Miami, County of Dade, on June 28th, 1996.

Elba Mom M D

Orlando P. Mora



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 607,0501, Florida Statutes, the Undersigned Professional Association, 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:

The name of the Professional Association is:

ELBA MORA, M.D. PROFESSIONAL ASSOCIATION

The name and address of the Registered Agent and office is:

Orlando P. Mora 10347 Lima Street Cooper City, Florida 33026

Having been named as a Registered Agent and to accept service of process for the above stated Professional Association at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in his 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.

Signature: Orlando P. Mora. Date: June 28th, 1996
Orlando P. Mora