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TO: DIVISION OF CORPORATIONS

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STATE OF FLORIDA

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TALLAHASSEE, FL 32309

CONTACT: [illegible]

FAX: (904) 644-4440

PHONE: (305) 541-3694

FAX: (305) 541-3770

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: MEDICAL CENTER OF ANGELITO BUCAYONG, M.D., P.A.

FAX AUDIT NUMBER: H90000010773

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[Signature]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

96 AUG -5 AM 7:46

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EMPIRE CORPORATE KIT

AUG-02-1996 16:53

P.18/19



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 5, 1996

EMPIRE CORPORATION KIT COMPANY

MIAMI, FL

SUBJECT: MEDICAL CENTER OF ANGELITO BUCAYONG, M.D., P.A.
REF: W96000016254

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The specific nature of business of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6937.

Jerri Weinmann
Staff Assistant

FAX Aud. #: W96000010773
Letter Number: 896A00037207



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State

August 6, 1996

EMPIRE CORPORATION KIT COMPANY

MIAMI, FL

SUBJECT: MEDICAL CENTER OF ANGELITO BUGAYONG, M.D., P.A.
REF: W96000016254

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

Please accept our apology for failing to mention this in our previous letter.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H96000010773
Letter Number: 996A00037436

FILED
AUG 03 1996
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
MEDICAL CENTER OF ANGELITO BUGAYONG, M.D., P.A.**

ARTICLE I - NAME

The name of the professional association is: MEDICAL CENTER OF ANGELITO BUGAYONG, M.D., P.A.

ARTICLE II - DURATION

This professional association shall be perpetual commencing the date of _____ filing _____ of these Articles.

ARTICLE III - PURPOSE

This professional association is organized for the purpose of transacting any or all lawful business, including but not limited to:

- a. Any and all lawful business.
- b. Pursue its purposes and business in any and all locations foreign and domestic.
- c. Acquire, own, hold, develop, deal in and with, maintain and operate, unlimitedly, such real and personal property of every kind and description within and without the State of Florida.
- d. Buy and sell real and personal property of any nature whatsoever.
- e. Convey, sell, assign, transfer, lease, mortgage, pledge, exchange or otherwise deal with any property.
- f. Import and export wares, goods and merchandise of any nature whatsoever.
- g. Carry on all or any of the business of manufacturers, producers, fabricators, processors, distributors, purchasers and sellers of products and supplies of every kind, character and nature.
- h. Purchase, hold, sell, transfer or deal in any manner with or in stocks, bonds, obligations, securities or interests of its own or of any other person, firm or professional association.
- i. Pay cash or issue capital stock, debentures, bonds, mortgages, or other obligations of the professional association for any acquisition by the professional association and for any other lawful purpose.
- j. Engage in the acquisition, ownership, sale, distribution and licensing of patents, improvements and franchises, trademarks and trade names, and to operate thereunder.
- k. Engage in the practice and treatment of medicine.

Harold Weissman
1774 Pine Island Rd. # 118
Plantation, FL 33322
(954) 474.2001
FL Bar No. 334154

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 AUG -5 PM 4:33

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TOTAL P.03

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4496000010713

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This document prepared by:

HAROLD WEISSMAN, ESQUIRE
1776 North Pine Island Road, Suite 118
Plantation, Florida 33322 Tel: (305) 474-2001
Florida Bar No: 040187

k. Enter into, make and perform contracts of every kind and description with any person, firm or association, professional association and body politic conducive to the attainment of any of the objects or purposes of the professional association.

l. Enter into any and all types of agreements relating to financing, factoring and guarantees and to guarantee or secure, in any way, the debts or obligations of any other persons, firms and/or professional associations.

m. Guarantee performance by any other person and/or entity.

In general, this professional association may, without restriction, perform any and all acts and functions permitted by law.

ARTICLE IV - CAPITAL STOCK

This professional association is authorized to issue 500 shares of common stock at ONE DOLLAR (\$1.00) par value common stock.

ARTICLE V - PRINCIPAL PLACE OF BUSINESS

The principal place of business for MEDICAL CENTER OF ANGELITO BUGAYONG, M.D., P.A. is 5409 North University Drive, Lauderhill, Florida 33351.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of this professional association is:

HAROLD WEISSMAN, ESQUIRE
1776 Pine Island Road
Suite 118
Plantation, Florida 33322
Telephone (305) 474-2001

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ARTICLE VII - INITIAL BOARD OF DIRECTORS

This professional association shall have one (1) directors initially. The number of directors may be increased from time to time by the by-laws but shall never be less than one (1). The name and address of the director of this professional association are:

NAME	ADDRESS
Angelito Bugayong	5409 N. University Drive, Lauderhill, Florida 33351

ARTICLE VIII - INCORPORATOR

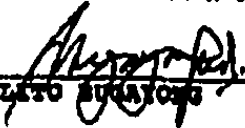
The name and address of the person signing these articles is:

Angelito Bugayong
5409 N. University Drive
Sunrise, Florida 33351

ARTICLE IX - AMENDMENT

This professional association reserves the right to amend or repeal any provisions contained in these Articles of Inprofessional association, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Inprofessional association this 3rd day of July, 1996.



ANGELITO BUGAYONG

H96000010773

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STATE OF FLORIDA) SS.
COUNTY OF HOWARD)

The foregoing Articles of Incorporation were
acknowledge before me this 2nd day of July, 1996 by
ANGELITO BUGAYONG, who is personally known to me / or who has
produced the foregoing identification Drivers License
and who did / did not take an oath.

[Signature]
NOTARY PUBLIC
STATE OF FLORIDA
Name: 1995 Silverstone

My Commission expires:

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED**

In pursuance with Chapter 48.091 of the Florida Statutes, the following is submitted in compliance with said Act;

FIRST; That MEDICAL CENTER OF ANGELITO BUGAYONG, M.D., P.A., desiring to organize under the laws of the State of Florida, with its registered office as indicated in the Articles of Inprofessional association, in the City of Fort Lauderdale, Broward County, State of Florida, has named HAROLD WEISSMAN, ESQUIRE, 1776 North Pine Island Road, Suite 118, Plantation, Florida as its registered agent to accept service of process within the State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated Professional association, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.



HAROLD WEISSMAN
REGISTERED AGENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 AUG -6 PM 4:28

FILED

E7201000096H

ANGELITO C. BUGAYONG, M.D.

7284 W. Oakland Park Blvd.

Lauderhill, FL 33313

Telephone (954) 749-2929



P96000065630

May 14, 1997

To Whom It May Concern:

Please be advised that the corporation of
Medical Center of Angelito Bugayong, M.D.P.A.
has relocated to the following address:

Medical Center of Angelito Bugayong, M.D.P.A.
7284 West Oakland Pk. Blvd.
Lauderhill, Florida 33313

Document Number: P96000065630

The old address was:

5409 No. University Dr.
Lauderhill, Florida 33351

Thank you for your attention in this matter in making the
necessary changes in our address.

Sincerely,

Angelito C. Bugayong, M.D.

155/202

WEISSMAN & GREENBLATT, P.A.

Harold Weissman
Lyon J. Greenblatt
Attorneys at Law

Harvey L. Rubinchik, P.A.
of Counsel

P96000065630

Prudential Plaza
1776 N. Pine Island Road
Suite 11B
Plantation, FL 33322

(954) 474-2001
Fax (954) 474-3311

July 15, 1997

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Medical Center of Angelito
Bugayong, M.D., P.A.

700002246617-4
-07/24/97-01054-015
*****35.00 *****35.00

Ladies/Gentlemen:

Enclosed for filing with the Secretary of State is a Certificate Designating Change of Registered Agent for the above-captioned professional association, along with a Resolution authorizing such change. Also enclosed is our check in the sum of \$35.00 to cover your filing fee for the Change of Registered Agent form.

Thank you for your cooperation in this matter.

Very truly yours,

HAROLD WEISSMAN

HW:sv (enc)

FILED
97 SEP -8 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge
LFT
9-12-97
* 789,663,6714



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 30, 1997

Harold Weissman, Esquire
Prudential Plaza, Suite 118
1770 N. Pine Island Road
Plantation, FL 33322

SUBJECT: MEDICAL CENTER OF ANGELITO BUGAYONG, M.D., P.A.
Ref. Number: P96000065830

We have received your document for MEDICAL CENTER OF ANGELITO BUGAYONG, M.D., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 897A00038832

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: MEDICAL CENTER OF ANGELITO BUGAYONG, M.D., P.A.

2. The mailing address of the corporation is: 7284 W. Oakland Park Blvd.,
Ft. Lauderdale, FL 33313

3. Date of incorporation/qualification: 8/6/96 Document number: P 96000065630

4. The name and address of the current registered agent and office:

HAROLD WEISSMAN, Weissman & Greenblatt, P.A., Suite 112,
1776 N. Pine Island Road, Plantation, FL 33322

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

LOUIS BATTAGLIO, 7284 W. Oakland Park Blvd.,
Ft. Lauderdale, FL 33313

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

(Date)

ANGELITO BUGAYONG, Chairman of the Board of Directors

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

LOUIS BATTAGLIO

(Typed or Printed Name)

Treasurer

(Capacity)

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97 SEP -8 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA