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FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS	FAX #: (904)922-4001
FROM: FAB-T CORP. AGENTS, INC. CONTACT: LIDIA FERNANDEZ PHONE: (305)599-0839	ACCT#: 071001002337 FAX #: (305)592-9591
NAME: DELMORA MEDICAL OFFICE CORPORATION AUDIT NUMBER.....H96000013276 DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A. CERT. OF STATUS..0 CERT. COPIES.....1	PAGES..... 3 DEL.METHOD.. FAX EST.CHARGE.. \$122.50

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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9/23/96  
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**ARTICLES OF INCORPORATION**

**OF**

DELMORA MEDICAL OFFICE CORPORATION

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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: DELMORA MEDICAL OFFICE CORPORATION

The principal place of business of this corporation shall be: 4294 Palm Ave.  
Hialeah, Fla. 33010

**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: 100 Shares \$ 1.00 par value

**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):

JUAN CARLOS DELGADO  
12401 West Okeechobee Road #511  
Hialeah Gardens, Florida, 33018

Prep. by  
Juan C. Delgado  
12401 West Okee. Rd. #511  
Hialeah Gardens, Fla. 305-557-4522

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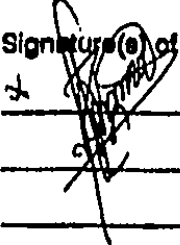
**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

JUAN CARLOS DELGADO  
12401 West Okeechobee Road #511  
Hiuleah Gardens, Florida, 33018

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 20th day of September, 1996

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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: DELMORA MEDICAL OFFICE CORPORATION

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

JUAN CARLOS DELGADO  
(P.O. BOX NOT ACCEPTABLE)

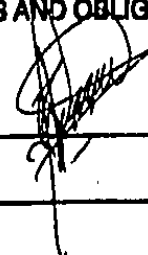
12401 West Okeechobee Rd. #511, Hialeah Gardens, Fla. 33018  
(CITY/STATE/ZIP)

SIGNATURE X   
(corporate officer)

TITLE \_\_\_\_\_

DATE September 20, 1996

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 X 

DATE \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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REGISTERED AGENT FILING FEE: