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FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

PHONE: (305)599-0839

FAX #: (305)716-0346

NAME: MARIO M. BAEZ M.D., P.A.

AUDIT NUMBER..... 497000001563

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# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 28, 1997

FAS-T CORP. AGENT

SUBJECT: MARIO M. RAEZ M.D., P.A.

REF: W97000002051 3238

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#### H97000001563

## ARTICLES OF INCORPORATION

ARTICLES OF INCORPORATION	
_	
of	
MARIO M. BAEZ M.D. , P.A.	
(name of corporation)	
The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the lens of State of Florida.	
The name of the corporation is:  MARIO M. BAEZ M.D. , P.A.  ARTICLE I - CORPORATE NAME  SET OF PROPERTIES.	
The name of the corporation is:	
MARIO M. BAEZ M.D. , P.A.	
ARTICLE II - DURATION	
This corporation shall exist perpetually unless dissolved according to Florida Law.	
ARTICLE III - PURPOSE	
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. This is a Medical Practice in the county of Palm Beach. Specialty is INTERNAL MEDICINE.  ARTICLE IV - CAPITAL STOCK	
The corporation is authorized to issue <u>FIVE HUNDRED</u> shares ( S00 ) of ONE Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."	
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT	
The street address of the initial Registered Agent office and the name of the Initial Registered Agent at that office is:	
NAME MARIO M. BAEZ ADDRESS 4274 DANIELSON DR. CITY LAKE WORTH FLORIDA ZIP 33467	
The principal office, if known, or the mailing address of the corporation is:	
NAME MARIO M. BAEZ, M.D. P.A.	
ADDRESS 4274 DANIELSON DR.	
CITY LAKE WORTH FLORIDA ZIP 33467	
page 1	

Prepared by:
MIQUEL ACCOUNTING SERVICE
1695 Florida Mango Rd. Suito 3
West Palm Beach, FL 33406
(561) 965-0998

#### н97000001563

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

directors	ration shall have ONE ( 1 ) director(s) initially. The number of may be either increased or diminished from time to time by the By-Laws, never be less than one (1). The names and addresses of the initial ) of the corporation are as follow:
NAME ADDRESS CITY	MARIO M. BAEZ M.D., P.A. 4274 DANIELSON DR. LAKE WORTH STATE FLORIDA ZIP 33467
NAME ADDRESS CITY	STATE FLORIDA ZIP 334
NAME ADDRESS CITY	STATE FLORIDA ZIP 334  ARTICLE VII - INCORPORATORS
The names Incorporat	and addresses of the incorporators signing these Articles of ion are as follows:
NAME ADDRESS CITY	MARIO M. BAEZ M.D., P.A.  4274 DANIELSON DR.  LAKE WORTH STATE FLORIDA ZIP 33467
NAME ADDRESS CITY	STATE FLORIDA ZIP 334
NAME ADDRESS CITY	STATE FLORIDA ZIP_334
IN WITH	SSS WHEREOF, the undersigned and subscriber(s) have executed these of Incorporation this 22ND DAY OF JANUARY of 1997  (Seal)
	(Seal)

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\_\_(Seal)

#### H97000001563

## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

MARIO M. BAEZ M.D., P.A.
(Name of Corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

A274 DANIELSON DR.

LAKE WORTH , FLORIDA ZIP 33467

has named MARIO M. BAEZ

located at the aforesaid address, as its Registered Agent to. accept service of process within this state.

### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

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ANY OF STATE

MIQUEL ACCOUNTING SERVICE 1695 Florida Mango P.d. Pubb 3 West Palm Beach, FL 30408

Fay 561- 642-8409