TALIANOFF RUBIN & RUBIN
Attorneys at Law

Mark R. Rubin Jeff E. Rubin SUITE 600C - OFFICE IN THE GROVE 2699 SOUTH BAYSHORE DRIVE MIAMI, FLORIDA 33133

Telephone (305) 858-3320

George J. Talianoff ... (1910 - 1995)

Telecopier (305) 854-8970

May 13, 1997

Office of the Secretary of State Corporations Division P.O. Box 6327 Tallahassee, Florida 32314

En official

100002179681---7 -05/15/97--01044-002 ****122.50 ****122.50

Re: MARIO R. LLANERAS, M.D., P.A.

Gentlemen:

Enclosed please find original and one copy of Articles of Incorporation for the referenced corporation, along with my check in the amount of \$122.50.

Please file the Articles and return to the undersigned the Certificate of Incorporation and one certified copy

Very truly yours

MARK R RUBIN

MRR/ssk

Enclosures (stated)



FOR

MARIO R. LLANERAS, M.D., P.A.



The undersigned, desiring to form a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida, providing for the formation, liabilities, rights and privileges and immunities of corporations for profit, certifies that:

ARTICLE I.

The name of the corporation is:

MARIO R. LLANERAS, M.D., P.A.

The mailing address shall be:

711 Oriole Avenue Miami Springs, Florida 33166

ARTICLE II.

This corporation is organized to carry on and engage in the practice of law or any activity or business permitted under the laws of the United States of America or the State of Florida.

ARTICLE III.

This corporation is authorized to issue Fifty (50) shares of \$10.00 par value common stock.

ARTICLE IV.

The street address of the initial registered office of this corporation is:

711 Oriole Avenue Miami Springs, Florida 33166

The name of the initial registered agent of this corporation is:

MARIO R. LLANERAS, M.D.

ARTICLE V.

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

MARIO R. LLANERAS, M.D. 711 Oriole Avenue Miami Springs, Florida 33166

ARTICLE VI.

The names and addresses of the person or persons signing these Articles are:

Same as Above

	IN WITNESS WIIEREOF, I have hereunto set our hands and seals this	9**	_day of May,
1997.	mol	<u>س</u>	
	MARIO R. LLANEI	RAS, M.D.	
STATE (OF FLORIDA } SS:		
COUNT	Y OF DADE \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
personal Incorpor	BEFORE ME, the undersigned authority, personally appeared, MARIO R. lly known to me as the person described in and who executed and subscribe ration, and that he acknowledged before me that he executed the same and poses therein expressed.	d to the abo	ve Articles of
9	Sworn to and subscribed before me, thisday of May, 1997.		
	Notary Pytolic Tark	SSIO	
My Com	nmission Expires::	7 529298	
I, MARIO R. LLANERAS, M.D., having been designated as the Register of Agent in the above and foregoing articles, and am familiar with and accepts the obligations of the position of registered agent.			
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