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6/16/97

FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY  
CONTACT: RAY STORMONT  
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NAME: DADE MEDICAL GROUP, INC.

AUDIT NUMBER.....H97000009837

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 4

CERT. COPIES.....0

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TALLAHASSEE, FLORIDA

94 6-20-97



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

June 17, 1997

EMPIRE CORPORATE KIT CO

SUBJECT: DADE MEDICAL GROUP OF FLORIDA INC.  
REF: W97000014020

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOES NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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The name conflict is "DADE MEDICAL GROUP, INC."

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If you have any questions concerning the filing of your document, please call (904) 487-6931.

Becky McKnight  
Document Specialist

FAX Aud. #: H97000009837  
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## ARTICLES OF INCORPORATION

OF

MEDICAL GROUP OF DADE, INC.

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.

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TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be: MEDICAL GROUP OF DADE, INC.

The principal place of business of this corporation shall be:  
5805 S.W 8th St., Miami FL 33144

### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any of all lawful activities of 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 500 @ \$1.00 authorized to have outstanding at any one time is: FIVE HUNDRED @ \$1.00 (ONE DOLLAR)

### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

JOSE NAE  
3899 NW 7TH ST. SUITE 203  
MIAMI, FL 33126  
(305) 341-3980

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### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(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):

CARLOS A. CUEVAS, PRESIDENT

9182 S.W 41 St., Miami FL

### ARTICLE VI INCORPORATOR(S)

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

CARLOS A. CUEVAS

9182 S.W 41 St., Miami FL

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 16 day of June, 1997

Signature(s) of Incorporator(s)

X 

JOSE NABE  
3899 NW 7TH ST. SUITE 203  
MIAMI, FL 33126  
(305) 341-3980

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## CERTIFICATE DESIGNATING 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: MEDICAL GROUP OF DADE, INC.

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

CARLOS A. CUEVAS

9182 S.W 41th Street

(P.O. BOX NOT ACCEPTABLE)

Miami Fl

(CITY/STATE/ZIP)

SIGNATURE 

(Corporate Officer)

TITLE President

DATE June 16, 1997

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 

(Registered Agent)

JOSE NAB.  
3899 NW 7TH ST. SUITE 203  
MIAMI, FL 33126  
(305) 541-3980

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