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8/15/97

FLORIDA DIVISION OF CORPORATIONS  
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((H97000013501 6))

TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4001

FROM: FAS-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305) 599-0839

ACCT#: 071001002335

FAX #: (305) 716-0346

NAME: PACIFIC MEDICAL GROUP, INC.  
AUDIT NUMBER.....H97000013501  
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
CERT. OF STATUS..1 PAGES..... 3  
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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CERTIFICATE OF INCORPORATION

OF

PACIFIC MEDICAL GROUP, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WE, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be: PACIFIC MEDICAL GROUP, INC., and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be to have all powers provided by the laws of the State of Florida.

3. The capital stock of the corporation shall consist of fifty (50) shares, without nominal par value.

4. The amount of capital with which this corporation shall begin business in not less than FIVE HUNDRED DOLLARS.

5. The principal office of this corporation shall be 1014 S.W. 9th Avenue, Miami, Florida 33130.

6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

<u>NAME</u>	<u>OFFICER</u>	<u>POST OFFICE ADDRESS</u>
JUAN COUTO	President	1014 S.W. 9th Avenue Miami, Florida 33130
VICTOR MILANES	Vice-President	1014 S.W. 9th Avenue Miami, Florida 33130

7. The name and post office address of the subscriber to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which

Prepared by: Daniel M. Keil  
3165 W. 4th Ave.  
Hialeah, Fl 33012  
(305) 883-6600

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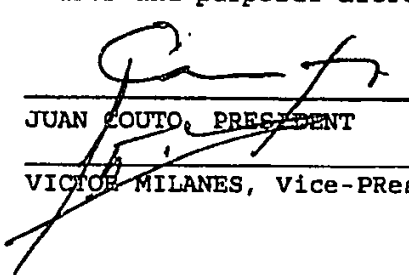
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will amount to not less than FIVE HUNDRED DOLLARS (\$500.00), are as follows:

<u>NAME AND ADDRESS</u>	<u>NO. OF SHARES</u>	<u>CONSIDERATION</u>
JUAN COUTO	25	\$250.00
VICTOR MILANES	25	\$250.00

8. DANIEL M. KEIL, ESQ., is hereby designated as the Registered Agent for the corporation and his address is 3165 West 4th Avenue, Hialeah, Florida.

IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Hialeah, Florida this 13<sup>th</sup> day of August, 1997, for the uses and purposes aforesaid.

  
JUAN COUTO, PRESIDENT

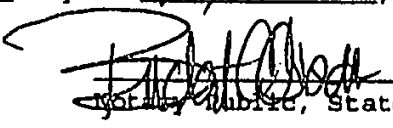
VICTOR MILANES, Vice-President

STATE OF FLORIDA )

COUNTY OF DADE )

BEFORE ME, the undersigned authority, personally appeared JUAN COUTO AND VICTOR MILANES. Descriptor and person described in who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, [ ] who is personally known to me or [ ☒ ] who produced the following identification F.D.I.L and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Hialeah, Dade County, Florida this the 13<sup>th</sup> day of August, 1997.

  
Notary Public, State of FL.

My Commission Expires:

OFFICIAL  
NOTARY PUBLIC  
COMMISSION  
STATE OF FLORIDA  
OC443314

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CERTIFICATE OF DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN  
FLORIDA NAMING AGENT UPON WHOM PROCESS MY BE SERVED

FILED


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In compliance with Section 28.091, Florida Statutes, the  
following is submitted:

PACIFIC MEDICAL GROUP, INC.

desiring to organize or qualify under the laws of the State of  
Florida, with its principal place of business at the City of Miami,  
State of Florida, has named DANIEL M. KEIL, Esq. located at 3165  
West 4th Avenue, Hialeah, Florida, as its Agent to accept service  
of process within Florida.

  
CORPORATE OFFICER

TITLE President

DATE 8-13-97

I 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.

  
RESIDENT AGENT

DATE 8-13-97

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