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FLORIDA DIVISION OF CORPORATIONS

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FROM: DR. FIDEL R. FERRADAS, M.D., P.A.
071324000655
CONTACT: ROLANDO TRUJILLO
PHONE: (305)541-0790
(305)541-4015

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TALLAHASSEE, FLORIDA

NAME: DR. FIDEL R. FERRADAS, M.D., P.A.
AUDIT NUMBER.....H97000014765
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..1 PAGES..... 3
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Secretary of State

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TALLAHASSEE, FLORIDA

September 8, 1997

DR. FIDEL R. FERRADAS, M.D., P.A.

SUBJECT: DR. FIDEL R. FERRADAS, M.D., P.A.
REF: W97000020632

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.

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6067.

Neysa Culligan
Document Specialist

FAX Aud. #: H97000014765
Letter Number: 697A00044659

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ARTICLES OF INCORPORATION

OF

DR. FIDEL R. FERRADAS, M.D., P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: DR. FIDEL R. FERRADAS, M.D., P.A.

The specific nature of business of the professional association is: Psychiatrist rendering psychiatric services.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

330 S.W. 27 Avenue, Suite 604
Miami, FL 33135

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 Shares of Common Stock, $1.00 Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Fidel R. Ferradas, M.D.
330 S.W. 27 Avenue, Suite 604
Miami, FL 33135

Prepared By:
Dr.Fidel R. Ferradas,MD
330 SW 27 Ave. # 604
Miami, FL 33135
Tel: 305-642-0332

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Dr. Fidel R. Ferradas, M.D. PRESIDENT
330 S.W. 27 Avenue, Suite 604
Miami, FL 33135

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4 day of September, 19 97.

x _____
Signature PRESIDENT

_____
Signature

_____
Signature

H97000014765

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: DR. FIDEL R. FERRADAS, M.D., P.A.

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

Dr. Fidel R. Ferradas, M.D.
(Name)

330 S.W. 27 Avenue, Suite 604
(P.O. Box not acceptable)

Miami, FL 33135
(City/State/Zip)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

x _____ September 4, 1997
(Signature) REGISTERED AGENT

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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