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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: CARLOS CAMILO PEREZ M.D. P.A.
AUDIT NUMBER.....H97000016444
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..0 PAGES..... 3
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** ENTER 'M' FOR MENU. **

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ARTICLES OF INCORPORATION
OF

CARLOS CAMILO PEREZ M.D. P.A.

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.

ARTICLE I NAME

The name of the corporation shall be:

CARLOS CAMILO PEREZ M.D. P.A.

The principal place of business of this corporation shall be:

13229 N.W. 11 Terrace Miami, Fl 33182

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. The Corporation will be engaged in medical services

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

100 shares @ $1.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(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 CAMILO PEREZ
PRESIDENT
13229 N.W. 11 Terrace
Miami, Fl 33182

MARIA C.PEREZ
VICE-PRESIDENT
13229 N.W. 11 Terrace
Miami, Fl 33182

Prepared By: CARLOS CAMILO PEREZ
13229 N.W. 11 Terrace
Miami, Florida 33182
(305) 238-0656

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ARTICLE VI INCORPORATOR(S)

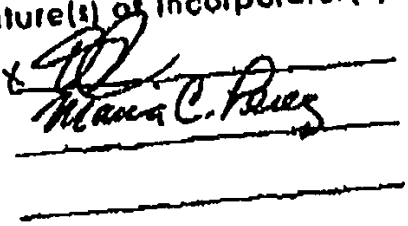
The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Carlos Camilo Perez
President
18229 N.W. 11 Terrace.
Miami, Fl 33182

Maria C. Perez
Vice - President
18229 N.W. 11 Terrace
Miami, Fl 33182

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 2nd day of October, 1997.

Signature(s) of Incorporator(s)



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CERTIFICATE OF DESIGNATION
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:

CARLOS CAMILO PEREZ M.D. P.A.

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

MARIA C. PEREZ
(P.O. BOX NOT ACCEPTABLE)

13229 N.W. 11 Terrace Miami, Fl 33182
(CITY/STATE/ZIP)

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SIGNATURE X

TITLE President

DATE 10/2/97

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 Maria C. Perez

DATE 10/2/97

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