

Charter Number Only
194000089556

SERGIO PENTON
Requestor's Name
391 Coral way #200
Address
Miami FL 33145
City State ZIP Phone

VALIDATION ONLY

448-1362

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****122.50 ****122.50

CORPORATION(S) NAME

Multi Specialty medical Associates, Inc.

Empire Toll Free: 1-800-432-3028

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SECRETARY OF STATE
FLORIDA

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Foreign	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Change of Registered Agent
<input type="checkbox"/> Reservation	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Certificate Under Seal
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
	<input type="checkbox"/> After 4:30	<input type="checkbox"/> Mail Out

Name
Availability
Document
Examiner
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Verifier
Acknowledgment
W.P. Verifier

Certified Copy

ARTICLE OF INCORPORATION
OF
MULTI SPECIALTY MEDICAL ASSOCIATES, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE, THE UNDERSIGNED, HEREBY ASSOCIATED TOGETHER FOR THE
PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF FLORIDA, BY
AND UNDER THE PROVISIONS OF THE STATUS OF THE STATE OF FLORIDA,
PROVIDING FOR FORMATION, LIABILITIES, RIGHTS, PRIVILEGES AND
IMMUNITIES OF CORPORATION FOR PROFIT.

ARTICLE I

THE NAME OF THE CORPORATION SHALL BE MULTI SPECIALTY MEDICAL
ASSOCIATES, INC. ITS BUSINESS SHALL BE CARRIED AT MIAMI, FLORIDA,
AND AT SUCH OTHER POINTS OR PLACES IN THE STATE OF FLORIDA AND IN
THE UNITED STATES AND FOREIGN COUNTRIES AS MAY, FROM TIME TO TIME,
BE AUTHORIZED BY THE BOARD OF DIRECTORS. ITS PRINCIPAL OFFICE
SHALL BE AT 351 NW 42ND AVENUE SUITE # 406 MIAMI, FLORIDA 33126.

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS OR BUSINESSES TO BE
TRANSACTIONED IS AS FOLLOWS:

SECTION I: THAT OF A DOCTORS OFFICE.

SECTION II: THAT OF PURCHASING, LEASING, RENTING, SELLING HOLDING AND OTHERWISE ACQUIRING AND DISPOSING OF REAL ESTATE AND PERSONAL PROPERTY, BOTH TANGIBLE AND INTANGIBLE, AND CHOOSES IN ACTION EITHER AS OWNER, BROKER AGENT OR FACTOR.

SECTION III: IN THE PURCHASE OR ACQUISITION OF PROPERTY, BUSINESS RIGHTS OR FRANCHISES, OR FOR ADDITIONAL WORKING CAPITAL OR FOR ANY OTHER OBJECT IN OR ABOUT ITS BUSINESS OF AFFAIRS, AND WITHOUT LIMIT AS TO AMOUNT, TO INCUR DEBTS, AND TO RAISE, BORROW AND SECURE THE PAYMENT OF MONEY IN ANY LAWFUL MANNER, INCLUDING THE ISSUE AND SALE OR OTHER DISPOSITION OF BONDS, WARRANTS, DEBENTURES, OBLIGATIONS, NEGOTIABLE AND TRANSFERABLE INSTRUMENTS AND EVIDENCE IF INDEBTEDNESS OF ALL KINDS, WHETHER SECURED BY MORTGAGE, PLEDGE, DEED OF TRUST, OR OTHERWISE.

SECTION IV: THIS CORPORATION SHALL HAVE ALL THE GENERAL POWERS, TOGETHER WITH ALL THE ADDITIONAL AND SPECIFIC POWERS GRANTED BY THE LAWS OF THE STATE OF FLORIDA, AS WELL AS ALL IMPLIED POWERS IN CARRYING OUT THE FOREGOING EXPRESSED POWERS.

SECTION V: THE FOREGOING CLAUSES SHALL BE CONSTRUED BOTH AS OBJECTS AND POWERS, BUT NO RECITATION, EXPRESSION OR DECLARATION OR SPECIFIC OR SPECIAL POWERS OR PURPOSES HEREIN ENUMERATED SHALL BE DEEMED TO BE EXCLUSIVE, BUT IT IS HEREBY EXPRESSLY DECLARED THAT ALL OTHERS LAWFUL POWERS PERMITTED TO CORPORATIONS FOR PROFIT ARE HEREBY INCLUDED.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF STOCK THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY TIME SHALL BE 1000 SHARES OF \$1.00 PAR VALUE.

ARTICLE IV

THIS CORPORATION SHALL BEGIN BUSINESS WITH A CAPITAL OF NOT LESS THAN (\$ 1000.00) ONE THOUSAND DOLLARS.

ARTICLE V

THIS CORPORATION SHALL EXIST PERPETUALLY

ARTICLE VI

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE LOCATED IN MIAMI, FLORIDA, AND IT MAY HAVE SUCH OTHER PLACES OF BUSINESS, BOTH WITHIN AND OUTSIDE THE STATE OF FLORIDA AND IN FOREIGN COUNTRIES, AS MAY BE NECESSARY OR CONVENIENT.

ARTICLE VII

THE BUSINESS OF THIS CORPORATION SHALL BE CONDUCTED BY A BOARD OF DIRECTORS OF NOT LESS THAN ONE (1) DIRECTOR, THE EXACT NUMBER OF DIRECTORS TO BE FIXED BY THE BY-LAWS OF THIS CORPORATION.

ARTICLE VIII

THE NAME AND ADDRESS OF THE FIRST BOARD OF DIRECTORS OF THIS CORPORATION, WHO SHALL HOLD OFFICE UNTIL ORGANIZATION MEETING OF THIS CORPORATION, AND UNTIL THEIR SUCCESSORS ARE ELECTED AND HAVE QUALIFIED IS JUAN A. FERNANDEZ 351 NW 42ND AVENUE SUITE # 406 MIAMI, FLORIDA 33126.

THE OFFICES TO BE HELD BY THE ABOVE NAMED DIRECTOR IS AS FOLLOWS:

JUAN A. FERNANDEZ - PRESIDENT

JUAN A. FERNANDEZ - SECRETARY

ARTICLE IX

THE NAME AND ADDRESS OF EACH SUBSCRIBER OF THESE ARTICLES OF INCORPORATION, AND A STATEMENT OF THE NUMBER OF SHARES OF STOCK WHICH EACH AGREES TO TAKE IS AS FOLLOWS:

<u>NAME</u>	<u>ADDRESS</u>	<u>NO. SHARES</u>	<u>VALUE</u>
JUAN A. FERNANDEZ	351 NW 42ND AVENUE # 406 MIAMI, FL. 33126	1000	1000

ARTICLE X

THE PROVISION OF THIS CHARTER, AND EACH AND EVERY ARTICLE AND SECTION HEREOF, AND THE BY-LAWS OF THIS CORPORATION SHALL BE CONSIDERED A PART OF EVERY CONTRACT AND TRANSACTION TO WHICH THIS CORPORATION SHALL BE A PARTY. EVERY PERSON, ASSOCIATION AND/OR CORPORATION DEALING WITH THIS CORPORATION IN HEREBY CHARGED WITH NOTICE AND KNOWLEDGE OF THIS CORPORATION.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OF DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.

IN PURSUANCE OF CHAPTER 48.091, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED, IN COMPLIANCE WITH SAID ACT:

FIRST THAT MULTI SPECIALTY MEDICAL ASSOCIATES, INC., DESIRING
TO ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS
PRINCIPAL OFFICE, AS INDICATED IN THE ARTICLES OF INCORPORATION AT
CITY OF MIAMI, COUNTY OF DADE, STATE OF FLORIDA.

HAS NAMED JUAN A. FERNANDEZ LOCATED AT 351 NW 42ND AVE SUITE # 406,
CITY OF MIAMI, STATE OF FLORIDA 33126, AS ITS AGENT TO ACCEPT
SERVICE OF PROCESS WITHIN THIS STATE.

ACKNOWLEDGEMENT:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATE CORPORATION, AT PLACE DESIGNATED IN THIS CERTIFICATE. I
HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH
THE PROVISION OF SAID ACT RELATIVE TO KEEPING OPEN SAID OFFICE.

BY

A handwritten signature in dark ink, appearing to read 'J. Fernandez', is written over a horizontal line. The signature is stylized with a large, looping initial 'J'.

IN WITNESS WHEREOF, WE HAVE HEREUNTO SET OUR HANDS AND SEALS
THIS 16 DAY OF October A.D. 1997.

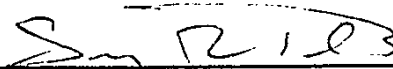
 (SEAL)

STATE OF FLORIDA

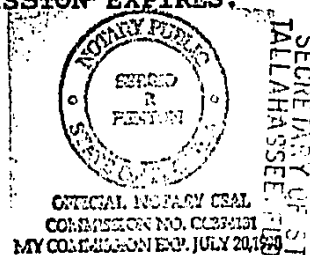
COUNTY OF DADE

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED
JUAN A. FERNANDEZ, WHO IS PERSONALLY KNOWN TO ME, WHO EXECUTED AND
SUBSCRIBED TO THE FOREGOING ARTICLES OF INCORPORATION AND HE
ACKNOWLEDGE, BEFORE ME, THAT HE EXECUTED THE SAME AND SUBSCRIBED
TO THE SAME FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL AT MIAMI, FLORIDA SAID STATE
AND COUNTY, THIS 16th DAY OF October 1997.


NOTARY PUBLIC, STATE OF FLORIDA

MY COMMISSION EXPIRES:



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED