P97000093083

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

400002332564--6
-10/29/97--01076--001
*****78.75 *****78.75

Subject: **HF Medical Associates, P.A.**

Enclosed is an original and one copy of the arcticles of incorporation and a check for $78.75, which covers the filing fee and certificate costs.

From: Joao Ramon Perez
20305 Biscayne Blvd
Aventura, Fl. 33180
(305) 935-2452

FILED
97 OCT 29 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Henriele
AUTHORIZATION BY PHONE TO
CORRECT ADD P.A. Purpose
DATE 10/29/97
EXAM. EXPM. M

FILED

97 OCT 29 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Article of Incorporation:

ARTICLE I. NAME

The name of the corporation shall be:

HF Medical Associates, P.A.

ARTICLE II. PRINCIPLE OFFICE

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

20305 Biscayne Blvd.
Aventura, Fl. 33180

ARTICLE III. SHARES

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

500 shares

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joao Ramon Perez
20305 Biscayne Blvd
Aventura, Fl. 33180
(305) 935-2452

ARTICLE V. INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

Joao Ramon Perez
20305 Biscayne Blvd
Aventura, Fl. 33180
(305) 935-2452

Henriete Faillace
20305 Biscayne Blvd
Aventura, Fl. 33180
(305) 935-2452

ARTICLE VI. BYLAWS

The provisions concerning management and powers of the corporation and directors/officers shall be set forth in the bylaws of the corporation.

The undersigned incorporators have executed these Articles of Incorporation this 28th day of October, 1997

Henrietta Louise Fairley

Signature

Signature

ARTICLE VII

The purpose of this corporation is to render medical services.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNTATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

FILED
97 OCT 29 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is HF Medical Associates, P.A.

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

Joao Ramon Perez
20305 Biscayne Blvd
Aventura, Fl. 33180
(305) 935-2452

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 fo all statutes relating to the proper and complette performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

10/28/97
(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314