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DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: MEDICAL CARE DADE GROUP, INC.

AUDIT NUMBER...... H98000013327

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 17, 1998

EMPIRE

SUBJECT: MEDICAL CARE DADE GROUP, INC.

REF: W98000016342

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THE PREPARER INFORMATION WAS CUT OFF THE BOTTOM OF THE PAGE.

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Michelle Milligan Document Specialist FAX Aud. #: H98000013327 Letter Number: 998A00038167

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ARTICLES OF INCORPORATION

<u>oe</u>

MEDICAL CARE DADE GROUF; INC.



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: MEDICAL CARE DADE GROUP, INC.

The principal place of business of this corporation shall be: 3899 N.W 7th St., #203 Miami FL 33126

ARTICLE II NATURE OF BUSINESS

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

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is 500 @ \$1.0 authorized to have outstanding at any one time is: FIVE HUNDRED @ \$1.00 (ONE DOLLAR)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

JOSE NAE 3899 NW 7TH ST. SUITE 203 MIAMI, FL 33126 (305) 541-3980

305 541 3770 P.03/05

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(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):

ANGEL R. LEON, PRESIDENT

3899 N.W 7th St., #203 Miami FL 33126

ARTICLE VI INCORPORATOR(S)

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

ANGEL R. LEON

3899 N.W 7th St., #203 Miami FL 33126

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this __13 day of __July___, 19 98

Signature(9) of Incorporator(s)

JOSE NAE . 3899 NW 7TH ST. SUITE 203 50/10 d 0225 Ths S05 H98000013327

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CERTIFICATE DESIGNATING 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.

the State of Figure 2.
1. The name of the corporation is:MEDICAL CARE DADE GROUP, INC.
1. The man of the second secon
2. The name and address of the registered agent and office is:
ANGEL R. LEON
3899 N.W 7th St., Suite #203
(P.O. BOX NOT ACCEPTABLE)
(1.0. 10.11.0.1)
Miami FL 33126
(CITY/STATE/ZIP)
SIGNATURE (Corporate Officer)
(Corporate Officer)
TITLE President
DATE July 13, 1998
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 (Registered Agent)
JOSE NAE

IOSE NAE 3899 NW 7TH ST. SUITE 203 MIAMI, FL 33126 (305) 541-3980

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