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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- CESAR PALOMEQUE, D.M.D. - P.A.
 (Corporation Name) (Document #)
- _____
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98 NOV 20 PM 12:51
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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 98 DEC 10 PM 12:54
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA
 RECEIVED
 98 NOV 23 AM 9:34
 11/23
 purpose

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 30, 1998

LAZARUS

MIAMI, FL

SUBJECT: CESAR PALOMEQUE, D.M.D. - P.A.
Ref. Number: W98000026724

- We have received your document for CESAR PALOMEQUE, D.M.D. - P.A.. However, the document has not been filed and is being returned for the following:

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) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 098A00056727

RECEIVED
NOV 19 1998
CORPORATIONS DIVISION

ARTICLES OF INCORPORATION

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.

FILED
98 DEC 10 PM 12:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

CESAR PALOMEQUE, D.M.D. - P.A.

ARTICLE II PRINCIPAL OFFICE

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

1111 S.W. 8th Street, Ste 211, Miami, Florida, 33130.-

ARTICLE III SHARES

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

ONE HUNDRED SHARES (100) WITH FIVE DOLLARS (\$5.00) VALUE PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CESAR PALOMEQUE

1111 S.W. 8th ST, Suite # 211
Miami, FL, 33130-3603116

ARTICLE V INCORPORATOR(S)


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

CESAR PALOMEQUE

1111 S.W. 8th Ste # 211
Miami - Florida, 33130

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

17 day of November, 19 98


President,

Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
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 designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: CESAR PALOMEQUE, D.M.D. - P.A.

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

CESAR PALOMEQUE
(NAME)
1111 S.W. 8th STREET, STE. # 211
(P.O. BOX NOT ACCEPTABLE)
MIAMI - FLORIDA 33130.-
(CITY/STATE/ZIP)

SIGNATURE [Signature]
(corporate officer)
TITLE PRESIDENT,
DATE November 17, 1998.

FILED
30 DEC 10 PM 12:59
SECRETARY OF STATE
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.

SIGNATURE [Signature]
DATE November 17, 1998.