

P98000108314

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

500002726455--0  
-12/30/98--01063--009  
\*\*\*\*78.75 \*\*\*\*78.75

SUBJECT: RAFAEL ALVAREZ, M.D., P.A.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
ADDITIONAL COPY REQUIRED

FROM: RALPH VENTURA, ESQ.  
Name (Printed or typed)

2250 S.W. 3 AV., 3 FLOOR  
Address

MIAMI, FL. 33129  
City, State & Zip

305-856-6868  
Daytime Telephone number

FILED  
98 DEC 30 PM 12: 34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

B. BROCK DEC 31 1998

**ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED  
98 DEC 30 PM 12: 34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Rafael Alvarez M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

4990 Hammock Lake Dr.  
Coral Gables, FL 33156

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

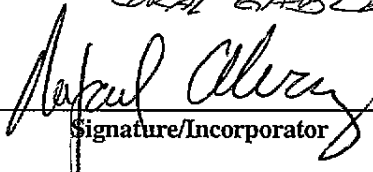
The name and Florida street address of the initial registered agent are:

Rafael Alvarez  
4990 Hammock Lake Dr.  
Coral Gables, FL 33156

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Rafael Alvarez, M.D.  
4990 HAMMOCK LAKE DR.  
CORAL GABLES, FL 33156

  
Signature/Incorporator

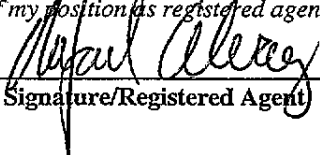
16 Dec '98

Date

Article VI Purpose

This corporation shall exist for the purpose of providing professional medical services.

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/Registered Agent

16 Dec '98

Date