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From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 Phone

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

ARACELI YAPOR, M.D. P.A.

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 19, 1999

FAS-T CORP. AGENTS, INC.

SUBJECT: ARACELI YAPOR, M.D. P.A.

REF: W99000001249

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF ARACELI YAPOR, M.D. P.A.

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: ARACELI YAPOR, M.D. P.A.

The principal place of business of this corporation shall be:
5881 N.W. 151 St. Suite #205, Miami Lakes, Fl. 33014

ARTICLE II: NATURE OF BUSINESS

This corporation may engage in or transact in Medical Services 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 value that this corporation is authorized to have outstanding at any one time is:

100 shares Common Stock/ \$1.00 par value

ARTICLE IV: TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V: OFFICERS AND DIRECTORS

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

ARACELI YAPOR M.D.

5881 N.W. 151 St. #205 Miami Lakes, F1. 33014

Prepared by: Araceli Yapor, M.D. 5881 N.W. 151 St. #205 Miami Lakes, F1. 33014 Ph: 305-820-9343

ARTICLES VI: INCORPORATOR(S)

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

ARACELI YAPOR, M.D. 5. 5881 N.W. 151 St. Suite #205 Miami Lakes, Fl. 33014

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 15th day of January 1999.

Signature(s) of Incorporator(s)

LEGELY STATES M.D.

CERTIFICATE OF DESIGNATION 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.

		AR		YAPOR	T 400F00			
			(1	P.O. BOX NO	TACCEPT	ABLE)		
188i	N.W.	151	St.	Suite #20	5 Miami	Lakes,	F1.	33014
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					SIGNAT	URE	reeli	" he
					Ololoti	(∞	rporate	-/

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 JOSEPH SENTERS SERVICE SIGNATURE SERVICE SER