February 2, 1999

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Florida Department of State 409 East Gaines Street Tallahassee, Florida 32399

RE: MARCOS ZARAGOZA, PROFESSIONAL ASSOCIATION

Ladies and Gentlemen:

Enclosed please find an original and one (1) copy of the Articles of Incorporation of MARCOS ZARAGOZA, PROFESSIONAL ASSOCIATION. Upon issuance of the Articles please return a conformed copy of the ARTICLES. A return envelope is enclosed for your convenience.

My check payable to the Secretary of State in the sum of \$70.00 is enclosed.

Thank you for your attention to the foregoing.

Very truly yours,

STEVEN FRIEDMAN, ESQ.

SF/slw

Enclosures

-5 AM 8: 22

ARTICLES OF INCORPORATION

FILED CLIARY OF START CHANGE CONTRACTOR

99 FEB -5 AM 8:22

THE UNDERSIGNED, incorporator, for the purpose of forming a Professional Service Corporation under the Florida Business Corporation Act and Florida Professional Service Corporations Act, hereby adopts the following Articles of Incorporation.

ONE:

The name of the Professional Service Corporation is:

MARCOS ZARAGOZA, PROFESSIONAL ASSOCIATION

TWO:

The principal place of business and mailing address of this Corporation shall

be:

590 SW 178th Way Pembroke Pines, Florida 33029

THREE: The Corporation shall have perpetual existence, unless sooner dissolved according to law. The date when the Corporation shall commence is upon the filing of these Articles of Incorporation by the Department of State, State of Florida.

FOUR: The general purpose for which this Corporation is initially organized and the general nature of the business to be transacted by said corporation shall be and is as follows:

To render professional medical service to the general public, and to engage in, transact and include the transaction of any and all lawful business for which this professional service corporation may be incorporated under the laws of the State of Florida, including the Florida General Corporation Act, as amended, and the Florida Professional Service Corporations Act, as amended.

FIVE: The aggregate number of shares which this corporation shall have authority to issue shall be a total of One Hundred (100) Shares, par value common, with no par value.

SIXTH: The street address of its initial registered agent's office is: 590 SW 178th Way, Pembroke Pines, Florida 33029. The name of its initial registered agent at such office is:

MARCOS ZARAGOZA, DO. I hereby accept to act as a registered agent at the office so designated

MARCOS ZARAGOZA, DO REGISTERED AGENT

SEVEN: The number of directors constituting the Board Of Directors shall be one.

Thereafter, the Board Of Directors may be expanded. The name and address of each person who is to serve as a member of the initial Board Of Directors is:

MARCOS ZARAGOZA, DO

EIGHT:

The name and address of each incorporator is:

MARCOS ZARAGOZA, DO

590 SW 178th Way

Pembroke Pines, Florida 330295

NINTH:

The officers of this Professional Service Corporation shall be a President,

Vice-President, Secretary and Treasurer and such other officers or agents as my be deemed necessary.

All agents and officers shall be chosen in such manner, hold their offices for such terms and have

such powers and duties as my be prescribed by the By-Laws as determined by the Board Of

Directors.

TEN:

These Articles Of Incorporation may be amended in the manner as provided

by law.

CERTIFICATE OF SERVICE

IN WITNESS WHEREOF, I, the undersigned, subscribing incorporator, have hereunto set my hand and seal this 2nd day of February, 1999, and hereby make and file, in the Office Of the Secretary Of State Of The State Of Florida, this, CERTIFICATE OF INCORPORATION and certify that the facts herein stated are true.

MARCOS ZARAGÒZ

INCORPORATO

Attorney:

STEVEN FRIEDMAN, ESQ. 235 North University Drive Pembroke Pines, Florida 33024 Telephone: 954-966-2710

STATE OF FLORIDA)
SS:
COUNTY OF BROWARD)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared

MARCOS ZARAGOZA, DO

to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same, and he did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 2nd day of FEBRUARY, A.D., 1999.

Personally Known _____ or Produced Identification____

NOTARY PUBLIC

MY COMMISSION EXPIRES:

OFFICIAL NOTARY SEAL STEVEN FRIEDMAN NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC550729 MY COMMISSION EXP. MAY 17,2000