

P 99 0000 45529

TRANSMITTAL LETTER

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

300002877053--2
-05/17/99-01088-004
*****70.00 *****70.00

SUBJECT: CARDIOPULMONARY HEALTHCARE INSTITUTE, INC
(Proposed corporate name- must include suffix)

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

(x) \$70.00 () \$78.75 () \$122.50 () \$131.25

FILED
99 MAY 17 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: ORLANDO A. LUNA
Name (printed or typed)
12680 NW 7 TRAIL
Address
Miami, Florida 33182
City, State & Zip
(305) 223-7705
Daytime Telephone Number

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

F. CHESSEN MAY 19 1999

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.

ARTICLE I NAME

The name of the corporation shall be:

CARDIOPULMONARY HEALTHCARE INSTITUTE, INC

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPLE OFFICE

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

12680 NW. 7 TRAIL
Miami, Florida 33182

ARTICLE III SHARES

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

10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Orlando A. Luna
12680 N.W. 7 Trail
Miami, Florida 33182

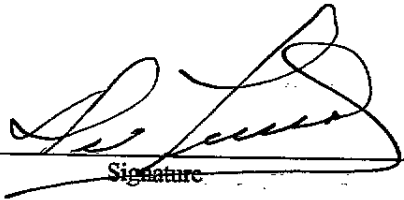
ARTICLE V INCORPORATOR(S)

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

Orlando A. Luna
12680 N.W. 7 Trail
Miami, Florida 33182

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

14th day of May, 1999.



Signature

Signature

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Signature

Articles of Incorporation
Filing Fee- \$35

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Cardiopulmonary Healthcare Institute, Inc (CPHCI, Inc).

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

Orlando A. Luna

12680 N.W. 7 Trail

(P.O. Box not acceptable)

Miami, Florida 33182

(City/ State/ Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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)

05-15-99