(Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Walk in Pick up time Certificate of Status Mail out Will wait Photocopy AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report *****78.75 Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

CR2E031(9/92)



ARTICLES OF INCORPORATION OF;

FELIPE ANTONIO DEL VALLE, MD , P.A.

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:

FELIPE ANTONIO DEL VALLE, MD , P.A.

The specific nature of business is practice of MEDICINE.

ARTICLE IL PRINCIPAL OFFICE

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

444 Bargello Avenue Coral Gables, FL 33146

ARTICLE III CAPITAL STOCK

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

100 SHARES @ \$ 1

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Felipe Antonio Del Valle 444 Bargello Avenue Coral Gables, FL 33146

ARTICLE V INCORPORATOR(S)

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

Felipe Antonio Del Valle 444 Bargello Avenue Coral Gables, FL 33146

this	23th	ve) execute day of	November	, 19 ⁹⁹
		- 	Signature/Title	
			Signature/Title	
,			Signature/Title	

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision 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.

The name of the corporat	cion is: FELIPE	ANTONIO DEL VALLE, MD , P.F
The name and address of	the register	ed agent and office is:
	_	
	io Del Valle NAME)	
,	,	
	Avenue	
(P.O. BOX	NOT ACCEPTAB	LE)
Coral Gables	, FL 33146	<u>.</u>
(CITY/	STATE/ZIP)	
	SIGNATUR	
		(corporate officer)
	TITLE	President /
	DATE	11/23/99

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 AN ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENTS.

SIGNATURE

DATE

11/23/99

REGISTERED AGENT FILING FEE: \$35.00