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TRANSMITTAL LETTER

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

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-08/07/00-01140-006
*****78.75 *****78.75

FILED
AUG -7 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: New Horizons Medical Center,
(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: Dr. Lucinda Cuervo
Name (Printed or typed)

855 SW 8 Street
Address

Miami, Fl 33130
City, State & Zip

305 856-4707
Daytime Telephone number

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

200A 43578

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.

ARTICLE I NAME

The name of the corporation shall be:

New Horizons Medical Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

855 Southwest 8 Street

ARTICLE III SHARES Miami, FL 33130

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

100 Shares at \$.001 p/s

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dr. Lucinda Cuervo

855 SW 8 Street

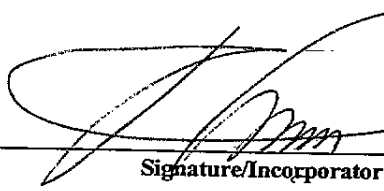
ARTICLE V INCORPORATOR Miami, FL 33130

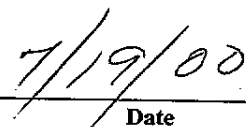
The name and address of the incorporator to these Articles of Incorporation are:

Dr. Lucinda Cuervo

855 SW 8 Street

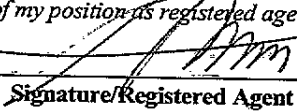
Miami, FL 33130

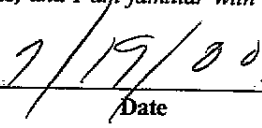

Signature/Incorporator


Date

(An additional article must be added if an effective date is requested.)

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


Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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