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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

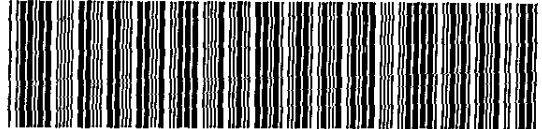
(Business Entity Name)

(Document Number)

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# NEW FAITH MEDICAL CENTER INC.

3750 W. 16 ~~AV~~ SUITE 138-U  
HIALEAH, FLA 33012  
(786)412-0436

MARIO LUIS ENRIQUEZ  
September 29, 2003

TO: SHAWN LOGAN  
DIVISION OF CORPORATION  
OF FLORIDA

EIN # 43-2028528

To whom it may concern:

I had enclosed on the 9/19/03 the documents, to request a copy of the State of Florida Certificate of the Registered, under my business name for Temptations medical center inc., for some reason I could not use that name for the medical industry.

I am requesting you ,to do an amendum to please change the name of the corporation to read NEW FAITH MEDICAL CENTER INC., and also the address to read 3750 West 16 ~~street~~ <sup>AVE</sup> #138-U , Hialeah, fl 33012.

PLEASE NOTE THAT ALL PAPERS SHOULD BE MAILED TO  
ADDRESS ABOVE.

Thanks,  
MARIO LUIS ENRIQUEZ  
President of:

NEW FAITH MEDICAL CENTER INC.  
Sincerely,

PLEASE FORWARD CERTIFICATE AND ANY PAPERS TO:  
3750 WEST 16 AVENUE SUITE 138-U HIALEAH, FL 33012



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 24, 2003

MARIO LUIS ENRIQUEZ  
5851 NW 117 ST  
HIALEAH, FL 33012

SUBJECT: TEMPTATION'S MEDICAL CENTER INC.  
Ref. Number: W03000027367

We have received your document for TEMPTATION'S MEDICAL CENTER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal office and/or a mailing address in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Shawn Logan  
Document Specialist  
New Filings Section

Letter Number: 603A00052604

**ARTICLE OF INCORPORATION  
OF  
NEW FAITH MEDICAL CENTER INC.**

The undersigned incorporation (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: **NEW FAITH MEDICAL CENTER INC.**

**ARTICLE II NATURE OF BUSINESS**

*This corporation may engage in or transact any or all lawful Activities or business permitted under the laws Of the United States, the State of Florida, or any other States, County, territory or Nation.*

**ARTICLE III CAPITAL STOCK**

*The aggregate number of shares of stock an sit par value that this Corporation is authorized to have outstanding at one time one time Is: \$500 SHARES \$1.00 PAR VALUE.*

**ARTICLE IV TERM OF EXISTENCE**

*The corporation is to exist perpetually.*

**ARTICLE V. OFFICER DIRECTORS**

*The name (s) and street address (es) of the initial officer (s) and Directors (s), if any, who shall hold office the first year of the corporation's Existing or until their successor (s) is (are) elected, is (are): **MARIO LUIS ENRIQUEZ 3750 west 16 Ave Suite 138-U Hialeah, FL 33012***

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**ARTICLES VI INCORPORATOR (S)**

The name (s) and street address (es) of the incorporator (s) to this articles of incorporation is (are): **MARIO LUIS ENRIQUEZ**  
**3750 W 16 STREET SUITE 138 - U HIALEAH , FL 33012**

IN WITNESS WHEREOF, the undersigned incorporator (s) has (have) executed these Article of Incorporation this  
28 day of September 2003.

Signature (s) Incorporator (s)

+ [Signature]

**STATE OF FLORIDA**  
**COUNTY OF DADE**

The FOREGOING instrument was acknowledged and sworn to before me this 28 day of September 2003.

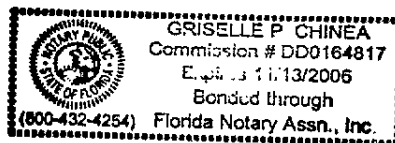
By: + [Signature]  
(Name Of Incorporator)

Of: **NEW FAITH MEDICAL CENTER INC.**  
(Name Of Corporation)

**NOTARY PUBLIC**

(seat)

MY COMMISSION EXPIRES:



**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT / REGISTERED OFFICE**

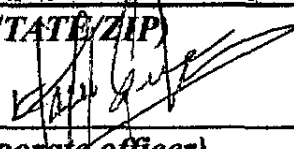
Pursuant to the provision of section 607.325, Florida Statutes, the  
Undersigned corporation, organized under the laws of the State of Florida,  
Summit's the following statement in designating the registered office/  
Registered agent, in the State of Florida.

1. The name of the corporation is **NEW FAITH MEDICAL**  
**CENTER INC.** 3750 WEST 16 AVE SUITE 138-U HIALEAH,  
FLORIDA 33012.

2. The name and address of the registered agent and officer  
Is: **MARIO LUIS ENRIQUEZ**

**(P.O. BOX NOT ACCEPTABLE)**

**3750 W 16 AVE SUITE #138-U HIALEAH , FL 33012**  
(CITY/STATE/ZIP)

Signature   
(corporate officer)

**TITLE** President

**DATE** 9/28/03

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 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**   
**DATE** 9/28/03

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