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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305)262-2323
Fax Number : (305)262-2324

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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

COMPREHENSIVE CANCER CARE OF BROWARD INC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:
COMPREHENSIVE CANCER CARE OF BROWARD INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
9372 NW 8TH CIRCLE
PLANTATION, FL 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
MARIA HELENA RESTREPO (PRESIDENT)
9372 NW 8TH CIRCLE
PLANTATION, FL 33324

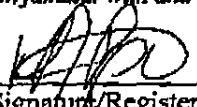
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
MARIA HELENA RESTREPO
9372 NW 8TH CIRCLE
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
MARIA HELENA RESTREPO
9372 NW 8TH CIRCLE
PLANTATION, FL 33324

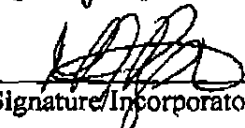
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/11/2008

Date



Signature/Incorporator

4/11/2008

Date

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