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(Requestor's Name)

(Address)

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2009 MAR 27 AM 11:23
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TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. HDH MEDICAL CENTER INC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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NEW FILINGS

☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

OF

HDH MEDICAL CENTER INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned in accordance with the law of the State of Florida.

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TALLAHASSEE, FLORIDA

ARTICLE I

The name of this corporation shall be :

HDH MEDICAL CENTER INC.

ARTICLE II

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

4995 NW 72nd Avenue # 204
Miami, Florida 33166

ARTICLES III - SHARES

The number of shares of stock that this corporation is authorized to have Outstanding at nay one time is: One Hundred (100) of One Dollar(s) (1.00)

ARTICLE IV

The name and address of the initial agent is:

Raul Rodriguez
4995 NW 72nd Avenue #204
Miami, FL 33166

ARTICLE V - INCORPORATOR(S)

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

Incorporator Name	*Incorporator Address*
RAUL RODRIGUEZ	*4995 NW 72nd Ave #204 Miami, FL 33166*

The undersigned incorporator has executed these Articles of Incorporation this 25 *day of* 03 *20* 09

Signature

ARTICLE VI - DIRECTOR(S)

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

RAUL RODRIGUEZ - PRESIDENT
4995 NW 72nd Ave # 204
MIAMI, FLORIDA 33166

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Status, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

1. *The name of the corporation is:* ***HDH MEDICAL CENTER INC***

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

RAUL RODRIGUEZ
4995 NW 72nd ST #204
MIAMI, FLORIDA 33166

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TALLAHASSEE, FLORIDA

Having been named as Registered agent and to accept service of process for the above stated corporation at placed 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

03-25-09
Date