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SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

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Lauron Willing & 2006

COVER LETTER

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

SUBJECT: MIAMI GARDENS MEDICAL CENTER, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one(1) copy of the Art	icles 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
		ADDITIONAL CO	PY REQUIRED

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

MIAMI GARDENS MEDICAL CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

Principal place of business:1965 South Ocean Drive, Unit BN-GLG, Hallandale Beach, Florida, 33009

Mailing Address: PO Box 680158, Miami, Florida, 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation shall operate a Not for Profit medical and health center and may engage or transact in any or all activity or business permitted under laws of the United States and the State of Florida.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The qualification for members and the manner of their admission are as determined by the Board of Directors in the By- Laws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

The number constituting the initial Board of Directors of the Corporation is three (3) and the names and addresses of the persons who are to serve initially are:

Eileen M. Ramsaran M.D.

1950 South Ocean Drive, Suite M-H, Hallandale Beach, Florida, 33009.

President/ Chief Executive Officer

Allan Ramsaran

1965 South Ocean Drive, Suite BN-GLG, Hallandale Beach, Florida, 33009.

Vice President

Gloria Mayne M.D.

1431 South West 102 Avenue, Pembroke Pines, Florida, 33025.

Secretary/ Treasurer

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

The Corporation's initial Registered Agent and Registered Office in the State of Florida is:

Initial Registered Agent:

Eileen, M. Ramsaran M.D.

Address of Registered Agent: 1950 South Ocean Drive, Suite M-H, Hallandale Beach, Florida, 33009

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

The name and address of Incorporator executing these Articles of Incorporation is :

Incorporator: Elleen M. Ramsaran M.D.

Address: PO Box 680158 Miami, Florida, 33168

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.

Eleen MRamsaran	06/30/06
Signature/Registered Agent EILEEN M RAMSARAN M.D	Date
Pilona M. Prima	

EILEEN M RAMSARAN M.D. Signature/Incorporator

Date 06/30/06