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**N09000005769**

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

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Kimberly 42949*

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**GOOD SHEPHERD HOSPITAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Good Shepherd Hospital, Inc.

**ARTICLE II PRINCIPAL OFFICE**The principal street address and mailing address, if different is:

6521 Grant Street, Hollywood, FL 33024

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Non-profit hospital

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

As indicated in the bylaws.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

Directors:

Eliphene Lauranvil, Edna Edouard and Marjorie Folage

6521 Grant Street, Hollywood, FL 33024

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Cerette Dorcius, 6521 Grant Street, Hollywood, FL 33024

\*\*\*\*\*  
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.

Corporation Service Company Kimberly B. Moret  
By: [Signature] as its agent  
Signature/Registered Agent

Date

6/11/09

[Signature]  
Signature/Incorporator

Date

06-10-09

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