

Division of Corporations

Page 1 of 2

P00000029813**Florida Department of State**

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000013042 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR 23 AM 9:02

FILED

FLORIDA PROFIT CORPORATION OR P.A.**VICTORIA MEDICAL PLAZA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

H00 0000 13042

4

**ARTICLES OF INCORPORATION
FOR**

VICTORIA MEDICAL PLAZA, INC.

The undersigned, acting as incorporate(s) of a Corporation pursuant to Chapter 607 Florida Statutes, adopt(s) the following Articles of Incorporation.

ARTICLE I- NAME

The name of the Corporation shall be:

VICTORIA MEDICAL PLAZA, INC.

ARTICLE II- PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

**1762 CORAL WAY
Miami, Florida 33145**

ARTICLE III- CORPORATE DURATION

The duration of the Corporation is to be perpetual.

These Document prepared by:
EDUARDO CANTERA, ESQ.
1762 Coral Way
Miami, Florida 33145
FBN: # 154990
TEL: (305) 442-4343 FAX: (305) 285-2884

H00 0000 13042

FILED
00 MAR 23 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H00 0000 13042

ARTICLE IV - PURPOSE

The Corporation may engage in any activity or business permitted under the Laws of the State of Florida.

ARTICLE-V CAPITALIZATION

The aggregate number of shares which the Corporation is authorized to issue is 1,000 Shares. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE VI- DIRECTORS

The number of Directors constituting the initial Board of Directors of the Corporation shall be one (1)

EDUARDO CANTERA, ESQ. - Incorporator

ARTICLE VII- INCORPORATORS

The name and address of each Incorporate is:

NAME	ADDRESS
EDUARDO CANTERA, ESQ.	1762 CORAL WAY Miami, Florida 33145

ARTICLE VIII- INDEMNIFICATION

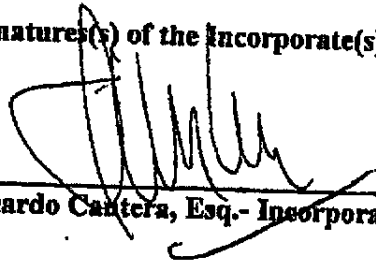
This Corporation shall indemnify and may insure it's Officers and Directors to the fullest extent permitted by Law.

H00 0000 13042

H00 0000 13042

The Undersigned Incorporate(s) has (have) executed these Articles of
Incorporation this 23rd day of March, 2000.

Signatures(s) of the Incorporate(s)

A handwritten signature in black ink, appearing to read 'Eduardo Cantera', is written over a horizontal line.

Eduardo Cantera, Esq.- Incorporator

H00 0000 13042

H00 0000 13042

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

Pursuant to the provisions of sections 607.0501 or 617.0501,
Florida Statutes, the Undersigned corporation, organized under the laws
of the State of Florida, submits the followings statement in designating
the registered office/ registered agent, in the State of Florida.

VICTORIA MEDICAL PLAZA, INC.
The name of the corporation is: _____

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

EDUARDO CANTERA, ESQUIRE

(NAME)
1762 Coral Way

(ADDRESS-P. O. BOX NOT ACCEPTABLE)
Miami, Florida 33145

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND
ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS
REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.
I FUTHER AGREE TO COMPLY WITH THE PROVISIONS OF
ALL STATUTES RELATING TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH
AND ACCEPT THE OBLIGATIONS OF MY POSITIONS AS
REGISTERED AGENT.

FILED
00 MAR 23 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature _____
Date _____

March 23, 2000

H00 0000 13042