LAZARUS CORPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87 AVENUE (Address) (City, State, Zip) (Phone #) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) CORPORATION NAME(s) & DOCUMENT NUMBER(s) (if known): 1) A MANTE MEDICAL CENTER TMC.

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CORPORATION NAME(s) & D	OCUMENT NUMB	BER(S) (if known):		
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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a comporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

DIAMANTE MEDICAL CENTER INC

00 APR 28 PM 1: 13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - PRINCIPAL OFFICE

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

3140 NW 7th STREET MIAMI, FL 33125

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GABRIELA DE LURDES LABORDA 13880 SW 18th STREET MIAMI, FL 33175

ARTICLE V - INCORPORATOR(S)

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

GABRIELA DE LURDES LABORDA 13880 SW 18th STREET MIAMI, FL 33175

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 27th day of April_____,2000_.

ARTICLE VI- DIRECTOR(S)

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

SERGIO MANNISE

13880 SW 18th STREET

MIAMI, FL 33175

GABRIELA DE WRDES LABORDA (PRESIDENT)

13880 S.W. 18 STREET.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further of 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