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Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**  
**LATIN AMERICAN HEALTH CENTER INC**

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ARTICLES OF INCORPORATION  
OF

LATIN AMERICAN HEALTH CENTER INC

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

ARTICLE I NAME

The name of the corporation shall be:

LATIN AMERICAN HEALTH CENTER INC

The principal place of business of this corporation shall be:

126 East 49 Street Hialeah Fl 33013

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

1,000 Shares \$ 1.00 Per Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ARMANDO ANGULO PRES./ SEC

126 East 49 Street

Hialeah Fl 33013

LELYS MAGALY ANGULO TREA

126 East 49 Street

Hialeah Fl 33013

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ARTICLE VI INCORPORATOR(S)



The name(s) and street address(es) of the incorporator  
(s) to this articles of incorporation is(are):

ARMANDO ANGULO  
126 East 49 Street  
Hialeah Fl 33013

LELYS MAGALY ANGULO  
126 East 49 Street  
Hialeah Fl 33013

IN WITNESS WHEREOF, the undersigned incorporator(s)  
has (have) executed these Articles of Incorporation  
this, 14 day of AUGUST 2000

Signature(s) of Incorporator(s)

x   
x   
\_\_\_\_\_

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

LATIN AMERICAN HEALTH CENTER INC

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

ARMANDO ANGULO

126 East 49 Street

(P.O. BOX NOT ACCEPTABLE)

Hialeah FL 33013

(CITY/STATE/ZIP)

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SIGNATURE 

TITLE President

DATE August 14, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE August 14, 2000