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ARTICLES OF INCORPORATION

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The under signed incorporator (s) for the purpose of forming a corporation under the SSEE STATE Incorporation.

ARTICLE I - NAME:

The Name of the corporation shall be: DITTO MEDICAL CENTER, INC.

ARTICLE II - PRINCIPAL OFFICE:

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

8344 S.W. 8TH. STREET #308 MIAMI, FL 33144

ARTICLE III - SHARES:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE HUNDRED (500) SHARES WITH A VALUE OF 1.00EACH

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS:

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The name and address of the initial registered agent is:

LEYDY M. GUZMAN 8344 S.W. 8TH. STREET #308 MIAMI, FLORIDA 33144

ARTICLE V - INCORPORATOR (S):

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

LEYDY M. GUZMAN 8344 S.W. 8TH. STREET #308 MIAMI, FLORIDA 33144

ARTICLE VI - DIRECTOR (S):

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

LEYDY M. GUZMAN 8344 S.W. 8TH. STREET #308 MIAMI, FLORIDA 33144

The undersigned incorporator (s) has (have) executed these Articles of incorporation this

07 day of SEPTEMBER XXXX 2000

FYDY M. GUZMAN

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 following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: DITTO MEDICAL CENTER, INC.
- 2. The name and address of the registered agent and office is:

LEYDY M. GUZMAN 8344 S.W. 8TH. STREET #308 MIAMI, FLORIDA 33144

HAVING BEEN NAMED AS REGISTERED AGENT AND TO 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 FURTHER 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.

LEYDY M/GUZMAN

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DATE: 07/09/2000