

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301

(904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

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1. Centro 1	Medico de Florida	(Dobument #)				
2.						
•	(Corporation Name)					
3.	(Corporation Name)		Sec. 20			
- -	uon Name)	(Document #)	SE SE			
4. (Corpora	(Corporation Name)					
Walk in	Pick up time 9/19	Certified Copy	MI II: 05			
Mail out	Will wait Photocopy	Certificate of S	tatus			
NEW FILINGS	AMENDMENTS		- 12 SE SE TO			
Profit	Amendment		5 P -			
NonProfit	Resignation of R.A., Office	r/Director				
Limited Liability	Change of Registered Agen	nt	. Total			
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Other	Merger		27			
OTHER FILINGS	REGISTRATION/		# ጭ <u>ዕ</u> ስበበብ			
Annual Report	QUALIFICATION	_ •	TENUTH BEP 1 4 3000			
Fictitious Name	Foreign		<u></u>			
Name Reservation	Limited Partnership		,			
1	Reinstatement					
	Trademark	T-	i'a Tritiala			

ARTICLES OF INCORPORATION

Of

CENTRO MEDICO DE FLORIDA CORP.

SECRETARIAN PARA SECRETARIAN S

The undersigned, acting as Incorporator, desiring to form a corporation for profit pursuant to the Florida Business Corporation Act, adopts the following Articles of Incorporation for such corporation:

ARTICLE I NAME

The name of this corporation is, CENTRO MEDICO DE FLORIDA CORP.

ARTICLE II ADDRESS OF PRINCIPAL OFFICE

The principal office and street address of this corporation is 505 Wekiva Springs Road, Suite 500, Longwood, Florida 32779.

ARTICLE III CAPITAL STOCK

This corporation is authorized to issue three thousand (3,000) shares of capital stock, which shall be designated Common Shares with a par value of One and No/100 Dollars (\$1.00).

ARTICLE IV INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 505 Wekiva Springs Road, Suite 500, Longwood, Florida 32779 and the name of the initial registered agent of this corporation at that address is J. A. Jurgens, P.A.

ARTICLE V INITIAL BOARD OF DIRECTORS

A. This corporation shall have one (1) director initially.

B. The names and addresses of the initial members of the Board of Directors who shall hold office until their successors are duly elected and have qualified are:

Auguste J. Pinna

505 Wekiva Springs Road Suite 500 Longwood, Florida 32779

ARTICLE VI INCORPORATORS

The name and address of each Incorporator of this corporation is:

J. A. Jurgens 505 Wekiva Springs Road, Suite 500 Longwood, Florida 32779

ARTICLE VII INDEMNIFICATION

This corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by the Florida Business Corporation Act.

ARTICLE VIII CORPORATE PURPOSES

One purpose of this corporation shall be to operate an office for the provision of medical care and all other purposes allowed by law.

ARTICLE IX PREEMPTIVE RIGHTS

Each shareholder of the corporation shall have the right to purchase, subscribe for, or receive a right or rights to purchase or subscribe for a pro rata portion of:

(1) Any stock of any class that the corporation may issue or sell, whether or not exchangeable for any stock of the corporation of any class or classes, and whether or not of unissued shares authorized by the articles of incorporation as originally filed or by any amendment of the articles of incorporation or out of shares of stock of the corporation acquired by it after issuance and whether issued for cash, promissory notes, services, property, or other securities of the corporation; or

(2) Any obligation that the corporation may issue or sell which is convertible into or exchangeable for any stock of the corporation of any class or classes, or to which is attached or pertinent any warrant or warrants or other instrument or instruments conferring on the holder the right to subscribe for or purchase from the corporation any shares of its stock of any class or classes.

IN WITNESS WHEREOF, the undersigned has executed these Articles on this day of September, 2000.

J. A. JURGENS Incorporator

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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	e of the corporation is:	Centro Medico De Florida Corp.	
2.	The name	and address of the registere	ed agent and office is:	
		J.	A. Jurgens	
		(Name)		- 66 66 60
		505 Wekiva S	prings Road, Suite 500	
		(P. O. Bo	ox <u>not</u> acceptable)	
		Longwoo	od, Florida 32779	
		(City	7/State/Zip)	- 132 E

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)