

OFFICE USE ONLY (Document #)

Handwritten signature: Roman 9/26/93

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

500003404795--6

-09/26/00--01078--002

*****78.75 *****78.75

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. CITY & COUNTY MEDICAL CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in
- Pick up time 2.00
- Mail out
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

RECEIVED
00 SEP 26 AM 11:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

FILED
00 SEP 26 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials: 9/26

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

ARTICLES OF INCORPORATION
OF
City & County Medical Center, Inc.

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00 SEP 26 PM 1:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I

The name of this corporation shall be: **City & County Medical Center, Inc.**, located at 345 S.W. 97 Ct., Miami, Florida 33174.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III

This corporation is authorized to issue 100 shares of common stock, at \$1.00 par value.

ARTICLE IV

This corporation is to exist perpetually, unless otherwise dissolved according to law.

ARTICLE V

The initial Registered Agent and the street address of the initial registered office of this corporation is:

Altagracia Ivonne Sau
President/Treasure/Secretary
345 S.W. 97 Ct.
Miami, FL 33174

ARTICLE VI

This corporation shall have one (1) Directors; the number of Directors may be increased or decreased from time to time by vote of a majority of shareholders, but never shall less than one. The names and addresses of initial directors are:

Altagracia Ivonne Sau
President/Treasure/Secretary
345 S.W. 97 Ct.
Miami, FL 33174

ARTICLE VII

The names and addresses of the incorporators are:

Altagracia Ivonne Sau
President/Treasure/Secretary
345 S.W. 97 Ct.
Miami, FL 33174


ARTICLE VIII

The initial By-laws of this corporation shall be adopted by the Board of Directors. The By-laws may be amended from time to time by either the stockholders or the Directors. The stockholders may amend, alter, or repeal any By-laws adopted by the stockholders, nor may the Directors adopt By-laws which would be in conflict with the By-laws adopted by the shareholders.

CERTIFICATE DESIGNATING PLACE OF BUSINESS
FOR THE SERVICE OF PROCESS WITHIN
THIS STATE AND NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 607.34, Florida Statutes, the following submitted in compliance with said Act: **City & County Medical Center, Inc.**, desiring to organize under the laws of the State of Florida with its principle office, as indicated in the Articles of Incorporation at City of Miami, County of Dade, State of Florida, has named Altagracia Ivonne Sau, located at 345 S.W. 97 Ct., Miami, FL 33174, as Registered Agent, as its agent to accept service of process within this State.

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.

By 
Altagracia Ivonne Sau
Registered Agent

THE UNDERSIGNED hereby declares and certifies that the facts herein are true and correct and accordingly he/she has this 21 day of SEPTEMBER, 2000, executed these Article of Incorporation at Dade County, Florida.

By: *Altagracia Ivonne Sau*
Altagracia Ivonne Sau

STATE OF FLORIDA)
) SS
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared, Altagracia Ivonne Sau, to me known to be the person who signed the foregoing instrument or who has produced FL.I.D. as identification and acknowledged the execution thereof to be his free act and deed for the uses and purposes therein mentioned and who did (did not) take an oath.

WITNESS my hand and official seal at said County and State this 21 day of Sept., 2000.

[Signature]
Notary Public, State of Florida
At Large

My Commission Expires:



Elizabeth Amaran
My Commission CC834185
Expires May 6, 2003

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00 SEP 26 PM 1:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA