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Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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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

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**FLORIDA PROFIT CORPORATION OR P.A.****ONYX MEDICAL CENTER INC.**

Certificate of Status	0
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ARTICLE OF INCORPORATION

OF

ONYX MEDICAL 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: ONYX MEDICAL CENTER INC.

The principal place of business of this corporation shall be:  
8420 W. Flagler St. # 217  
Miami, FL 33144

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 State, 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 par value that this corporation is authorized to have outstanding at any one time is:

100 X \$ 10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(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):

JOSE LUIS MONTES  
1375 SW. 75 AVE.  
MIAMI, FL. 33144

DIRECTOR

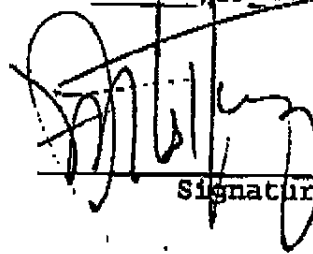
ARTICLE VI INCORPORATOR(S)

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

JOSE LUIS MONTES  
1375 SW. 75 AVE.  
MIAMI, FL. 33144

PRESIDENT, SECRETARY & TREASURER,  
100 shares

The undersigned has(have) executed these Article of Incorporation this 12 th, day of December, 2000.



Signature/Title

Signature/Title

Signature/Title

**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: \_\_\_\_\_

\_\_\_\_\_ ONYX MEDICAL CENTER INC. \_\_\_\_\_

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

is \_\_\_\_\_ JOSE LUIS MONTES \_\_\_\_\_

(Name)

\_\_\_\_\_ 1375 SW. 75 AVE. \_\_\_\_\_

(P. O. BOX NOT ACCEPTABLE)

\_\_\_\_\_ MIAMI, FLORIDA 33144 \_\_\_\_\_

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ 12-12-00 \_\_\_\_\_

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