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**Division of Corporations** 

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### Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations Fax Number (850)922-4001

From:

 Account Name Account Number Phone Fax Number	1	ANA DALMAU ARES, 120000000268 (305)229-8256 (305)229-8252	P.A.
LAY MAGAREL	÷	(202)223-0232	

### FLORIDA PROFIT CORPORATION OR P.A.

#### ADONAI MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	91(5)
Estimated Charge	\$78.75

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### ARTICLES OF INCORPORATION

#### OF

# ADONAI MEDICAL CENTER, INC.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

#### ARTICLET

The name of this corporation shall be:

### ADONALMEDICAL CENTER, INC.

#### ARTICLE IL

This corporation shall commence existence upon the filing of these Articles of

Incorporation by the Department of State, State of Fiorida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ANA DALMAU ARES 3636 SW 87<sup>th</sup> AVE. MIAMI, FL. 33165

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(1) Said corporation shall further have powers:

To have perpetual succession by its corporate name,

## ADONAL MEDICAL CENTER, INC.

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#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is

the total sum of 50 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there

shall be only one (1) class of stock of this corporation,

#### ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall

be:

CARIDAD RUIZ 5355 SW 146<sup>311</sup> AVE. MIAMI, FL. 33175

The principal office shall be:

1165 SW 8<sup>TH</sup> STREET MIAMI, FL, 33130

#### ARTICLE VI

The initial Board of Directors and Shareholders shall be composed by two (2) persons, whose names and addresses are:

CARIDAD RUIZ 5355 SW 146<sup>111</sup> AVE. MIAMI, FL. 33175

MICHAEL VIERA 5355 SW 146<sup>TH</sup> AVE. . MIAMI, FL. 33175

PRESIDENT Relate

SECRETARY

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The name and address of the incorporator executing these Articles of Incorporation is:

CARIDAD RUIZ 5355 SW 146<sup>TH</sup> AVE MIAMI, FL. 33175

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 21<sup>ST</sup> day of February 2001.

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CARIDAD RUIZ PRESIDENT

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## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607,0501 or 617,0501, Florida Statutes, the undersigned corporation, organized under the law 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:

## ADONAL MEDICAL CENTER, INC.

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

CARIDAD RUIZ 5355 SW 140<sup>TH</sup> AVE. MIAMI, FL. 33175

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, THEREBY 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: CARIDAD RUIZ DATE: 02,71/01	SECRETARY OF STATE TALLAHASSET. FLORIDA	01 FEB 22 AM 8: 48		
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