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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUMB	ER(S) (if known);
1. MEDICAL GROUP CENT	ER INC.
(Corporation Nama)	(Document #)
2. (Corporation Name)	(Document #)
3(Corporation Name)	
4(Corporation Name)	(Document #)
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Limited Liability Change of Registe	
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Other Merger	FLORIDA
OTHER FILINGS Annual Report Fictitious Name Name Reservation Reinstatement Trademark Other	

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FAX: 3052201440

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

Medical GROUP CENTER, INC.

## ARTICLE II - PRINCIPAL OFFICE

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

5775 S.W. 8 STREET. Mismi, F/A 331.44

## ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KolANDO HERNANDEZ-ROJAS 5775 S.W. 8 STREET Mipmi, FLA 331

FAX: 3052201440

## ARTICLE V - INCORPORATOR

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

MARIA M. RUIZ HERNANDEZ 5775 SW 8 St. Mimi, FI 33144

The undersigned incorporator has executed these Articles of Incorporation this <u>21</u> day of <u>February</u> 20,01

Hermande

## ARTICLE VI- DIRECTOR(S)

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

- MARIA M. KUIZ HERNANDEZ 5775 SW 8 St. Miomi Fla 33144 Rolando HERNANDEZ-ROJAS 5775 SW 8St. Mirmi, FIA. 33144

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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.

**Registered** Agent Signature

