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 : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone : (305)633-9696 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

PINECREST MEDICAL CENTER, INC.

| Certificate of Status | n i |
|-----------------------|---------|
| Certified Copy | |
| Page Count | (03) |
| Estimated Charge | \$78.75 |

B. McKnigh MAR 3 0 2001

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<u>ARTICLES OF INCORPORATION OF</u> PINECREST MEDICAL CENTER, INC.

THE UNDERSIGNED INCORPORATORS, for the purpose of forming a corporation for profit under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation: NAME ARTICLE I The name of the corporation shall be: PINECREST MEDICAL CENTER, INC. PRINCIPAL OFFICE

ARTICLE II The principal place of business and mailing address shall be:

11655 S. Dixie Highway Pinecrest, Florida 33156

SHARES ARTICLE III

The total number of shares of capital stock which may be issued by this corporation is FIVE HUNDRED (500) shares at no par value.

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are

DANIEL C. MINKES 9765 S.W. 184th Street Miami, Florida 33157

DIRECTORS

The number of Directors of this corporation shall be one or more as determined by the shareholders.

FIRST BOARD OF DIRECTORS ARTICLE VI

The names and street addresses of the first Board of Directors who shall hold office for the first year or until successors are chosen are:

JULES G. MINKES, D.O. 11655 S. Dixie Highway Pinecrest, Florida 33156

INCORPORATORS ARTICLE VII

The name and address of the incorporators to these Articles of Incorporation are

JULES G. MINKES, D.O. 11655 S. Dixie Highway Pinecrest, Florida 33156

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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 am familiar with and accept the obligations of my position as registered agent.

DANFOR MINKES, Registered Agent

Date

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SECRETARY OF STATE

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