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EXPRESS CORPORATE FILING SERVICE INC.

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CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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

1. New Life Clinic Medical Center, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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

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

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

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01 JUL 26 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION

The under signed 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: **New Life Clinic Medical Center, Inc.**

ARTICLE II - PRINCIPAL OFFICE:

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

4315 N.W. 7th. Street Suite #38-39
Miami, Fl. 33126

ARTICLE III - SHARES:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **Five Hundred (500) Shares, with a value of \$1.00 each.**

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is: **Miriam M. Forte
4315 NW 7th. St (38-39)
Miami, Fl. 33126**

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TALLAHASSEE FLORIDA

ARTICLE V - INCORPORATOR (S):

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

Miriam M. Forte, as President
4315 N.W. 7th. St. #38-39
Miami, Fl. 33126

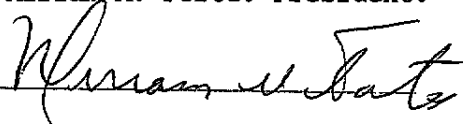
ARTICLE VI - DIRECTOR (S):

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

Miriam M. Forte, as President, with the 100% of shares
4315 N.W. 7th. St. #38-39
Miami, Fl. 33126

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this
22 day of July, 2001.-

Miriam M. Forte. President.-



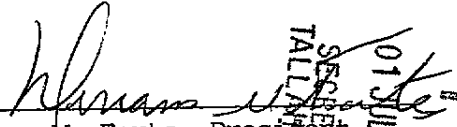
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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: New Life Clinic Medical Center, Inc.

2. The name and address of the registered agent and office is: Miriam M. Forte
4315 N.W. 7th. St. #38-39
Miami, Fl. 33126

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 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.


Miriam M. Forte. President.

DATE: July 22nd., 2001

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TALLAHASSEE
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