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FILED
01 OCT -2 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

400004619694--1
-10/02/01--01024--003
*****87.50 *****87.50

SUBJECT: SUNRISE MEDICAL AND DIAGNOSTIC CENTER, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: HENRY I. OTERO
Name (Printed or typed)

15521 S.W. 60 STREET
Address

MIAMI, FL. 33193
City, State & Zip

305 - 807 - 2417
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles

BROWN OCT - 4 2001

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SUNRISE MEDICAL AND DIAGNOSTIC CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**1790 West 49th Street
Hialeah, FL. 33012**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**TO CONDUCT ANY AND/OR ALL LEGAL BUSINESSES IN ACCORDANCE
TO THE LAWS OF THE STATE OF FLORIDA.**

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES COMMON STOCK, \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s), address(es) and title(s):

Mr. Reinaldo Ruiz 390 SE 8th Ave., Miami, FL. 33010 President, Director

Ms. Layda Torres 5400 SW 106 Ave., Miami, FL. 33155 Vice President, Director

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

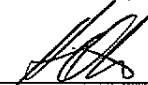
Mr. Henry I. Otero 15521 SW 60 St., Miami, FL. 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mr. Henry I. Otero 15521 SW 60 St., Miami, FL. 33193

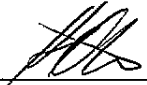
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9/25/01

Date



Signature/Incorporator

9/25/01

Date

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