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Florida Department of State

Division of Corporations

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To:
     Division of Corporations
     Fax Number      : (850)205-0381

From:
     Account Name    : EMPIRE CORPORATE KIT COMPANY
     Account Number  : 072450003255
     Phone           : (305)634-3694
     Fax Number      : (305)633-9696
```

FLORIDA PROFIT CORPORATION OR P.A.

CLINICA ASOCIACION CUBANA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

FILED
01 DEC 20 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. BULLOCK DEC 20 2001

(2)

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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:

CLINICA ASOCIACION CUBANA, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5731 W. 10 AVE.
HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL OFFICE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

NELSY ALVAREZ
5731 W. 10 AVE.
HIALEAH, FL 33012

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

NELSY ALVAREZ
5731 W. 10 AVE
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

NELSY ALVAREZ
5731 W. 10 AVE
HIALEAH, FL 33012

****

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

Nelsy Alvarez — 12/19/01
Signature/Registered Agent — Date

Nelsy Alvarez — 12/19/01
Signature/Incorporator — Date

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