LAZ	RUS CORPORATE FILING	SERVICE

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MIAMI, FLORIDA (305)552-5973

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		OFFICE USE ONLY	
CORPORATION NAME(s) & D	OCUMENT NUMB	BER(S) (if known):	
1. SUNSET CLIA	VICAL CE	NIER INC	
2. (Corporation Name)		, .	
3.		(Document #)	
. (Corporation Name)		(Document #)	
4. (Corporation Name)		(Document #)	- <del>V</del> <del>8</del>
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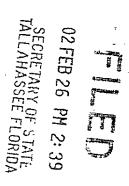
# ARTICLES OF INCORPORATION

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:

SUNSET CLINICAL CENTER INC.



# ARTICLE II - PRINCIPAL OFFICE

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

10300 SUNSET DRIVE, SUITE 430

MIAMI, FL. 33173

## ARTICLE III -SHARES

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

600

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JORGE AGUERO-

10300 SUNSET DRIVE, SUITE 430

MIAMI, FL. 33173

### **ARTICLE V - INCORPORATOR**

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

JORGE AGUERO
10300 SUNSET DRIVE, SUITE 430
MIAMI, FL 33173
The undersigned incorporator has executed these Articles of

Incorporation this 21 day of February 2002

Signature

#### ARTICLE VI- DIRECTOR(S)

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

JORGE AGUERO

10300 SUNSET DRIVE, SUITE 430

MIAMI, FL 33173

#### 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