

PD2000034621

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**FALCON CLINIC CENTER, CORP.**

Certificate of Status	0
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02 MAR 29 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BM 3/29

**ARTICLES OF INCORPORATION**  
**OF**  
**FALCON CLINIC CENTER, CORP.**

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I-NAME**

The name of corporation shall be: **FALCON CLINIC CENTER, CORP.**

The principal place of business of this corporation shall be:

**2011 SW 1 ST**  
**MIAMI FL 33135**

**ARTICLE II- NATURE OF BUSINESS**

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State of America, or any other state, country, territory or nation.

**ARTICLE III-CAPITAL STOCK**

The maximum number of shares with this Corporation is authorized to have outstanding at any time is 1000 shares of common stock having no par value.

**ARTICLE IV-TERM OF EXISTENCE**

This corporation is to exist perpetually.

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**TALLAHASSEE, FLORIDA**

**ARTICLE V-INITIAL BOARD OF DIRECTORS**

The initial Board of Directors shall consist of 2 members.

The numbers of directors may be increased from time to time by vote of the Board of Directors, but in no case shall the number of directors be less than one nor more than 15.

The name(s) and address(es) of the director(s) constituting the initial Board of Directors is/are:

Name  
YANELLA FALCON  
PEDRO GUZMAN

Address  
3162 SW 18 ST MIAMI FL 33145  
3162 SW 18 ST MIAMI FL 33145

**ARTICLE VI- INCORPORATOR(S)**

The name(s) and address(es) of the Incorporator is/are:

Name  
PEDRO GUZMAN

Address  
3162 SW 18 ST MIAMI FL 33145

The undersigned has(have) executed these Articles of Incorporation this

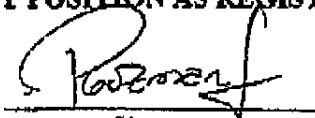
  
Incorporator

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICER**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under laws of the State of Florida, submits the following statement in designating the registered officer/registered agent in the State of Florida.

1. The name of the corporation is: **FALCON CLINIC CENTER, CORP.**
2. The name and address of the registered agent and officer is :**PEDRO GUZMAN**  
**3162 SW 18 ST**  
**MIAMI FL 33145**

**HAVING BEEN NAMED AS REGISTERED AGENT AND ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED, AS REGISTERED AGENT 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 I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.**

  
\_\_\_\_\_  
Signature  
03/28/02  
\_\_\_\_\_  
Date

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