

*Alba Accounting Service, Inc.*

April 2nd 2002

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

900005347289--1  
-04/25/02--01032--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Re: Articles of Incorporation  
S.L. MEDICAL CENTER, INC.


Enclosed you will find check in the amount of \$ 78.75 which pays filling fees and certified copies of the Articles of Incorporation for the above mentioned company.


It would be greatly appreciated if you could please send the Articles of Incorporation of S.L. MEDICAL CENTER, INC. at 77 West 20<sup>th</sup> Street. Hialeah, FL 33010.

Should you have any questions, please feel free to contact our office.

Sincerely yours,

ALBA ACCOUNTING SERVICE, INC.

  
Raul Alba  
President

  
77 West 20<sup>th</sup> Street, Hialeah, Florida 33010  
Telephone: 305-884-2190

02 APR 25 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
FILED

**ARTICLE OF CORPORATION**

**OF**

**S.L. MEDICAL CENTER, INC.**

**ARTICLE 1**

**NAME**

The name of this Corporation shall be:

**S.L. MEDICAL CENTER, INC.**

**ARTICLE II**

**PURPOSE**

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the States of Florida.

**ARTICLE III**

**CAPITOL STOCK**

This corporation is authorized to issue 1, 000 shares of \$1.00 per value common stock.

**ARTICLE IV**

**INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT**

The street address of the initial principal office and registered office of this corporation is 4230 WEST 16 AVENUE. HIALEAH, FL 33012 and the name of the initial registered agent of this corporation at the above address is:

**JUAN L. NAVARRO**

FILED  
02 APR 25 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE V**

**DIRECTORS**

This corporation shall have (1) one President. The number of Directors may be either increased or diminished from time to time by-laws but shall never be less than one. The name and address of the initial Director(s) of this corporation is:

**JUAN L. NAVARRO – PRESIDENT**  
7887 WEST 6 AVENUE  
HIALEAH, FL 33014

**ARTICLE VI**

The name and address of the person(s) signing these Articles is:

**JUAN L. NAVARRO – PRESIDENT**  
7887 WEST 6 AVENUE  
HIALEAH, FL 33014

**ARTICLE VII**

**POWERS**

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

**ARTICLE VIII**

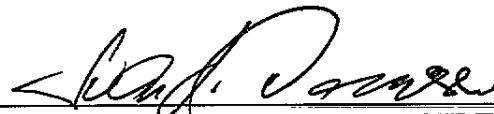
**INDEMNIFICATION**

The corporation shall indemnify any officers, directors, or former officers, and former directors fully permitted by law.

**ARTICLE IX**

**AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation. IN WITNESS WHERE OF the undersigned subscribers have executed these Articles of Incorporation on this April 22<sup>nd</sup>, 2002

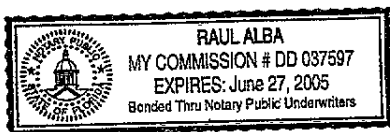


**JUAN L. NAVARRO - PRESIDENT**

**COUNTY OF MAIMI DADE  
STATE OF FLORIDA**

BEFORE ME, the undersigned authority, this day personally appeared JUAN L. NAVARRO after being duly sworn, depose and say that the facts contained above are true and correct, and that he has executed the same for the purposes contained herein.

WITNESS my hand and official seal this April 22<sup>nd</sup>, 2002



**RAUL ALBA  
NOTARY PUBLIC, STATE OF FLORIDA  
COUNTY OF MIAMI DADE**

CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT UPON WHICH PROCESS MAY BE SERVED IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES.

THE FOLLOWING IS SUBMITTED:

**S.L. MEDICAL CENTER, INC.**

DESIRING TO ORGANIZE OR QUALIFY THE LAWS OF THE STATE OF FLORIDA, WITH IT'S PRINCIPAL PLACE OF BUSINESS 4230 WEST 16 AVENUE. HIALEAH, FL 33012 COUNTY MIAMI DADE, STATE OF FLORIDA AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.

Juan Luis Navarro  
CORPORATE OFFICER

President  
TITLE

04/22/02  
DATE

02 APR 25 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSABILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND I HEREBY WITH THE PROVISIONS OF ALL STATUTES TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

DATE

Juan Luis Navarro  
04/22/02