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LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE	
MIAMI, FLORIDA (305)552-5973	
TERESA ROMAN (TALLAHASSEE REPRESENTATIV	/E)
	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NU	JMBER(S) (if known):
1. PYRAMID MEDICAL (Corporation Name)	CENTER INC
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #) (Document #) (Document #) (Certified Copy
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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:

PYRAMID MEDICAL CENTER, INC.

ARTICLE II - PRINCIPAL OFFICE

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

1881 SW FLAGLER STREET Miami. 33033

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $i \mathcal{D} \circ$

ONE HUNDRED.

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

YASMINE BALLY 14805 SW 97 ch. Miami, Fr. 33176

<u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of Incorporation is: $\forall u \in \mathcal{B} \in \mathcal{A} $	
14805 SW 97 ct.	
Incorporation is: YUSUF BALLY 14805 SW 97 ct. Miami, 33176	
The undersigned incorporator has executed these Articles of	
Incorporation this 16 day of 1049 2002	
Mgnature /	
Signature /	
ARTICLE VI- DIRECTOR(S)	
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):	
O JUSIMY NUNEZ SECRETARY)	
2730 SW 8 Street.	
MIAMI 33033 YUSVF BALLY PRESIDENT 14805 SW 97 CT MIAMI, 33176	
BALLY PRESIDENT	
14805 SW 97 CT	
Miami, 33/76	
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