# P0300007709

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DIVISION OF CONFIGURATIONS

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TERESA ROMAN (TALLAHASSEE R	EPRESENTATIVE)
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	OCUMENT NUMBER(S) (if known):
1. A.M. MEDICA	H CENTER, INC.
(Corporation Name)	(Document #)
Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4.	(Document #)
(Corporation Name)	(Document #)
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	AMENDMENTS
NEW FILINGS	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILNGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement Trademark

Other

Examiner's Initials

CD 25:02 L(0J02)

## 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 L- NAME

The name of the corporation shall be:

A.M. MEDICAL CENTER, INC.

DIVISION OF CORT CRATCH

# ARTICLE II - PRINCIPAL OFFICE

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

8900 CORAL WAY SUITE 203 1 = HIAMI, FLA 33167

#### ARTICLE III -SHARES

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

(100) THE HUNDRED.

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALAIN MORALES
11340 5.W. 44-STREET
MISHI FLA, 33165

# ARTICLE V - INCORPORATOR

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

The undersigned incorporator has executed these Articles of

Incorporation this 20 day of 100452 2003

#### <u>ARTICLE VI- DIRECTOR(S)</u>

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

(1) 11340 J.W. 44 STREET

MIGHT FLA 3316 (P)

SOOD 3W 1775 CT.

MIGHT FLA 33175

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