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FLORIDA PROFIT CORPORATION OR P.A.

C.M.H. MEDICAL CENTER INC.

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**ARTICLES OF INCORPORATION
FOR**

C.M.H. MEDICAL CENTER INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

C.M.H. MEDICAL CENTER INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

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

7620 S.W. 105 TERRACE
MIAMI, FL 33156

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

(LL #03000066408/)

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$1.00 Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation:

ARTICLE VI

The name(s) and address(es) of the initial Registered Agent of this corporation shall be:

DAVID OLIVA
2029 N.W. 87 AVE
MIAMI, FL 33172

ARTICLE VII

The name and address of the officers and initial board of directors shall be:

FRANK PONCE DE LEON (P)
7620 S.W. 105 TERRACE
MIAMI, FL 33156
DAVID OLIVA (V)
2029 N.W. 87 AVE
MIAMI, FL 33172

ARTICLE VIII

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

DAVID OLIVA
2029 N.W. 87 AVE
MIAMI, FL 33172

The undersigned has executive these Articles of Incorporation
this 28TH day of FEB., 2003

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE AT THE PALACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 ATATUTES RELATING TO THE PROPER, COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS POSITION AS REGISTERED AGENT.



REGISTERED AGENT/ INCORPORATOR