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Name Reservation	Reinstatement	
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CR2E031(9/92)

ARTICLES OF INCORPORATION

OF

THIRTY SIX MEDICAL CENTER CORP.

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:

THIRTY SIX MEDICAL CENTER CORP.

ARTICLE II: PRINCIPAL OFFICE

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

4471 NW 36th ST # 240 MIAMI SPRING FL 33166

ARTICLE III: CAPITAL STOCK

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

100 SHARES OF \$5.00 EACH (\$500.00)

ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

JOSE F. CAPOTE 10921 SW 180th ST MIAMI FL. 33157

ARTICLE V: INCORPORATOR(S)

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

JOSE F. CAPOTE __10921 SW 180th ST MIAMI FL. 33157

ARTICLE VI: DIRECTOR(S)

The name(s) of the director (s) in	this corporation is (are):
JOSE F. CAPOTE <u>-</u> PRESIDENT-D 10921 SW 180 th ST MIAMI FL. 33157	
The undersigned has (have) executed this 12 Days of May 2003.	
	+ Jul.
	Signature/Title
	Signature/Title
	Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

THIRTY SIX MEDICAL CENTER CORP.

2. The name and address of the registered agents and office is:

JOSE F. CAPOTE
10921 SW 180th ST
MIAMI FL. 33157

SIGNED: (orporate Officer)

TITLE:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE:

DATE:

DATE:

REGISTERED AGENT FILING FEE: \$20.00