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CORPORATION NAME(S) & 1)	OCUMENT NUMBER(S) (if known):	
Ma (nai) i E	MEDICAL CENTER, FNC.	
1. /VIIII LIFE (Corporation Name)	(Document #)	•
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Domestication	Dissolution/Withdrawal	
. Other	Merger	
		-
OTHER FILIGS	REGISTRATION/	-
Annual Report	QUALIFICATION	
Fictitious Name	Foreign Limited Partnership	_
Name Reservation	Limited Partnership Reinstatement	
	Trademark	
	Other	1
•	Examiner's Initials	ŀ

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ARTICLES OF INCORPORATION

03 JUN 25 PH 12: 3

The undersigned Incorporator(s), for the purpose of forming ALAHASSEE, FLORII 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:

Miami Life Medical Center, INC.

ARTICLE II - PRINCIPAL OFFICE

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

100 SW 110 Aug. # 111 Min Pl 33174

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAFAEL DIAZ DE LA ROCHA 100 SW 110 BUD. #111 MIAMI, PL 33174

ARTICLE V - INCORPORATOR

The name and str	reet address of the incorporator to these Articles of
Incorporation is:	reet address of the incorporator to these Articles of PAPAEL DIAZ DELA ROCHA 100 SW 110 AVE, #111
	MIA H 33/74

The undersigned incorporator has executed these Articles of Incorporation this 24 day of June 2003

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of

Incorporation is (are):

RAFAEL DIAZ DELA ROCHA.
100 SW 110 QUE AFILI MIGM: F/ 33 R

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