

Division of Corporations

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Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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To:

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
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**FLORIDA PROFIT CORPORATION OR P.A.**

**san diego medical center inc.**

Certificate of Status	0
Certified Copy	1
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8/11/18

**H 03000318544**  
**Articles of Incorporation**

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

**ARTICLE I NAME**

The name of the corporation shall be:  
**San Diego Medical Center Inc.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
**820 East 4 Ave**  
**Hialeah Florida 33010**

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
**The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.**

**ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and Florida street address of the initial registered agent are:  
**Yosvany Gonzalez**  
**820 East 4 Ave**  
**Hialeah Florida 33010**

**ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:  
**Yosvany Gonzalez**  
**820 East 4 Ave**  
**Hialeah Florida 33010**

**ARTICLE VI OFFICERS AND DIRECTORS**

**Yosvany Gonzalez PD**  
**820 East 4 Ave**  
**Hialeah Florida 33010**

*[Signature]*  
 Signature/Incorporator

11-16-03  
 Date

( An additional article must be added if an effective date is requested. )

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

*[Signature]*  
 Signature/Registered Agent

11-16-03  
 Date

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