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DIVISION OF CORPORATION



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LAZARUS CORPORATE FILING	SERVICE
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CORPORATION NAME(s) & DOC	,
1. DHARMA MED	I CAL CENIER, INC.
(Corporation Name)	(Document #Y
2. (Corporation Name)	(Document#)
3. (Corporation Name)	
(Corporation Name) 4.	(Document #)
(Corporation Name)	(Document #)
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OTHER FILINGS	REGISTRATION
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement

Trademark

Examiner's Initials

Other

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 I - NAME

The name of the corporation shall be:

DHARMA MEDICAL CENTER, IN

ARTICLE II - PRINCIPAL OFFICE

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

6911 NW 77 AVE MIAMI FI. 33166

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:

ELINA M PELAEZ 6911 NW77 AUE MIAMI. Fl. 33166

<u>ARTICLE V - INCORPORATOR</u>

the name and street daaress of the incorporator to these Articles of
ncorporation is: ELINA IVI. PELAEZ
6911 NW 77 AVE
Miami. Fl. 33166
The undersigned incorporator has executed these Articles of ncorporation this 18 day of NOV 2003
Signature (
ARTICLE VI- DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of
ncorporation is (are): ELINA M. PELAEZ (President)
6911 NW 77 AVE
MIAMI. FL 33166

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