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Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
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FLORIDA PROFIT CORPORATION OR P.A.

WEST MEDICAL CENTER GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

(11030003517441)
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

WEST MEDICAL CENTER GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

439-441 SW 8 STREET
MIAMI, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MARIA C. REYES (P/V/S/T/D)
439-441 SW 8 STREET
MIAMI, FL 33130

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARIA C. REYES
439-441 SW 8 STREET
MIAMI, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA C. REYES
439-441 SW 8 STREET
MIAMI, FL 33130

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

(X) Maria C. Reyes
Signature/Registered Agent

12-05-03

Date

(X) Maria C. Reyes

Signature/Incorporator

12-05-03

Date

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TALLAHASSEE FLORIDA