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Requestor's Name Address City State	12/16/03 21F Phone	V A L I O A T I O N L Y
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Verifier

Acknowledgment

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	MEDICAL Prop	ERTIES IN	C.		
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	l a check for:		
\$70.00	□ \$78.75	□ \$78.75	□ \$87.50		
Filing Fee		Filing Fee	Filing Fee,		
r ming r oo	& Certificate of Status	& Certified Copy			
			& Certificate of		
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		ADDITIONAL CO	PY REQUIRED		
					
FROM:	AKRAM	GIRGIS			
	Name (Printed or typed)				
65 NE 3rd AVE					
	Address				
	0 611	0 1			
	Veer tield	Beach Fl	_ 3544		
	Deer field Beach FL 3344 City, State & Zip				
	954-354-0530				
,	Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

RECEIVED

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPURATION Secretary of State

03 DEC 19 AM 10: 13

December 17, 2003

EMPIRE

SUBJECT: MEDICAL PROPERTIES, INC.

Ref. Number: W03000038431

We have received your document for MEDICAL PROPERTIES, INC.. However, the document has not been filed and is being returned for the following:

The document number of the name conflict is L02000001181.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date may be added to the Articles of Incorporation if a 2004 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole **Document Specialist** New Filings Section

Letter Number: 003A00067591

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: ANDA MEDICAL Properties, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 65 NE 3Ed AVE Deerfield Beach, FL 3344 ARTICLE III PURPOSE The purpose for which the corporation is organized is: RENTING Property ARTICLE IV SHARES The number of shares of stock is: at Par VALUE 1.000 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): AKRAM GIRGIS (President) ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: AKRAM 65 NE 3Cd AVE Ocerfield Beach, FL 33441 رپ ARTICLE VII INCORPORATOR The name and address of the Incorporator is: SAMZ 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 Signature/Registered Agent

Signature/Incorporator

2-4-01