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CORPORATION NAME(S) & DOC	CUMENT NUMBER(S) (if known):	
1 AASH MEDICA	V CENTER, INC.	•
(Corporation Name)	(Cocument #)	,
2. (Corporation Name)	(Document #)	, p e
3.	AS P	
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OTHER FÜNGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
	Trademark	
	Other	 7
•	Examiner's Initials	

CR2E031(9/92)

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: AASH Medical Center, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

7894 SW 162 PL Miami, FL 33193

ARTICLE III -SHARES

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

1000

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Adrian Artola: 7894 SW 162 PL Miami, FL 33193



ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Adaign Artola - 7894 SW 162 PL Miami FL-33193 Sandor Hernández-5209. 26 Th SW LEhigh Acres-FL 3397
The undersigned incorporator has executed these Articles of Incorporation this 16 day of 20.0 \(\) Signature
ARTICLE VI- DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are): Adrican Artola 7894 SW 162PC Miami FC 33193 (President) Sandor I-kinchde 5209 26 teresw. Lettich acres, FC 3397/C president
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.