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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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3/26/✓

***Immigration Services & Associates***  
***2277 Summit Boulevard***  
***West Palm Beach, Florida 33406***  
***Phone (561) 309-2890***

March 1, 2004

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

Re: **LOPEZ MEDICAL CENTER, INC.**

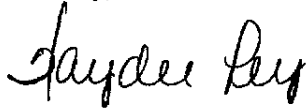
Dear Sir or Madam:

Please be advised that this firm represents Lopez Medical Center, Inc. Enclosed please find the Articles of Incorporation for the above-captioned corporation and our money order in the amount of \$78.75.

Please file the Articles of Incorporation for Lopez Medical Center, Inc. and forward evidence to that effect to our office at your earliest convenience.

Should you have any questions or require anything further, please feel free to contact this office at the numbers indicated above.

Sincerely,



Haydee Perez, President  
Immigration Services & Associates

HP/ow  
Enclosures

**ARTICLES OF INCORPORATION**

of

**LOPEZ MEDICAL CENTER, INC.**

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

**LOPEZ MEDICAL CENTER, INC.**

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue 5,000 shares of common stock, par value \$ 1.00 per share.

**ARTICLE V - INITIAL PRINCIPAL OFFICE**

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		
1500 FOREST HILL BLVD., APT. #5		
CITY	WEST PALM BEACH,	FLORIDA
		ZIP 33406

Mailing address, if different

STREET ADDRESS		
SAME AS ABOVE		
CITY	FLORIDA	ZIP

**ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	HAYDEE PEREZ	
ADDRESS	2277 SUMMIT BOULEVARD	
CITY	WEST PALM BEACH,	FLORIDA
		ZIP 33406

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**ARTICLE VII - INITIAL BOARD OF DIRECTORS**

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ROBERTO LOPEZ		
ADDRESS	1500 FOREST HILL BLVD, APT. #5		
CITY	WEST PALM BEACH,	STATE	FLORIDA
		ZIP	33406
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

**ARTICLE VIII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ROBERTO LOPEZ		
ADDRESS	1500 FOREST HILL BLVD, APT. #5		
CITY	WEST PALM BEACH,	STATE	FLORIDA
		ZIP	33406
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

The undersigned incorporator(s) have executed these Articles of Incorporation this FIRST day of MARCH, ~~20~~ 2004.

STATE OF FLORIDA- NOTARY PUBLIC  
HAYDEE PEREZ  
Commission # CC926352  
My Commission Expires 04/10/2004  
☒ Personally Known ☐ Other I.D.

*Haydee Perez*

*Roberto Lopez* (Signature)

\_\_\_\_ (Signature)

\_\_\_\_ (Signature)

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE**

**LOPEZ MEDICAL CENTER, INC.**

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

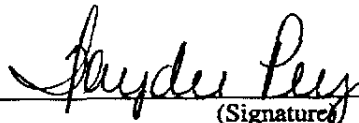
at 1500 FOREST HILL BLVD, APT. 5  
WEST PALM BEACH, FLORIDA 33406

has named HAYDEE PEREZ

located at the aforesaid address, as its registered agent to accept service of process within this state.

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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)

MARCH 1, 2004

(Date)