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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone Fax Number : (305)599-0839 : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

Y & N MEDICAL CENTER, INC.

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ARTICLES OF INCORPORATION OF

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Y & N MEDICAL CENTER, INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE LNAME

The name of the corporation shall be:

Y & N MEDICAL CENTER, INC.

The principal place of business of this corporation shall be:

3737 SW 8TH STREET SUITE 212 CORAL GABLES, FL 33134

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

100 SHARE AT (\$10.00) PER VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (es) of the initial officer (s) and director (s), if any, who shall hold office the first year of the corporation's existence or until their successor (s) is (are) elected, is (are):

OVEL CAUDALES 283 NW 41⁸⁷ AVENUE MIAMI, FL 33126 TALLAHASSEE, FLORIDA

ARTICLE VI INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to this articles of incorporation is (are):

OVEL CAUDALES
President
283 NW 41^{8T} AVENUE
MIAMI, FL 33126

IN WITNESS WHERE OF, the undersigned incorporator (s) has (have) executed these Articles of incorporation this 23rd day of April, 2004.

Signature (a) of Incorporator (s)

Ovel Caudales, President

THIS DOCUMENT PREPARED BY: S. G. GROUP, INC. 525 NW 27TH AVENUE, SUITE 208, MIAMI, FL 33125 PH(305)631-1525 FAX(305)631-8545

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

٦.	ine name of the corporation:
	Y & N MEDICAL CENTER, INC.
2.	The name and address of the registered agent and office is:
*******	OVEL CAUDALES, 283 NW 41 ⁵⁷ AVENUE, MIAMI, FL 33126 (P.O. BOX NOT ACCEPTABLE)
	SIGNATURE Wante
	TITLE President / Agent
	DATE April 23, 2004

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WHIT THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE _April 23. 2004

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