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(Requestor's Name)

(Address)

(Address)

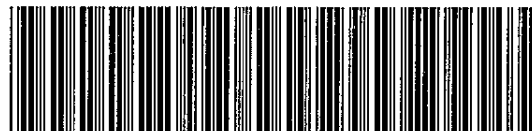(City/State/Zip/Phone #)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Saez Medical Center, Corp
   (Corporation Name)   (Document #)

2. _____
   (Corporation Name)   (Document #)

3. _____
   (Corporation Name)   (Document #)

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   (Corporation Name)   (Document #)

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	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(9/92)

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:

SAEZ MEDICAL CENTER, CORP

ARTICLE II   PRINCIPAL OFFICE
The principal place of business/mailing address is:
1901 SW 142 AVE., MIAMI, FL 33175

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is:
HEALTH CENTER

ARTICLE IV   SHARES
The number of shares of stock is:
500 SHARES TO $1.00 EACH

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):

JAVIER SAEZ
1901 SW 142 AVE., MIAMI, FL 33175

ARTICLE VI   REGISTERED AGENT
The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

JAVIER SAEZ
1901 SW 142 AVE., MIAMI, FL 33175

ARTICLE VII   INCORPORATOR
The **name and address** of the Incorporator is:

JAVIER SAEZ
1901 SW 142 AVE., MIAMI, FL 33175

****

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 _____   07/26/2004
Signature/Registered Agent   Date

X _____   07/26/2004
Signature/Incorporator   Date

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