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CORPORATION NAME(s) & DO	CUMENT NUMBER(S) (if known):
1. JASON MEDIC (Corporation Name)	AL CENTER INC.
2.	
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Annual Report	Foreign
Fictitious Name —	Limited Partnership
Name Reservation	Reinstatement
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<u> </u>	in the state of th

ARTICLES OF INCORPORATION

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The undersigned Incorporator(s), for the purpose of forming a 2004 SEP 13 P 12: 11 corporation under the Florida Business Corporation Act, hereby adopt(s)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

JASON Medical center INC.

ARTICLE II ~ PRINCIPAL OFFICE

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

995 A SW 87AV MAMI F.L 33174

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

9/adys AguilA.

9480 SW 108+.

Minni RL 33174

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2004 SEP 13 P 12: 11

ARTICLE V - INCORPORATOR

ARTICLE V - INCORPORATOR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name and street address of the incorporator to these Articles of 15: Glady Aguila 9480 Sw 10st Minni Pl 33174 Incorporation is: The undersigned incorporator has executed these Articles of Incorporation this ____ day of _____ 20___ Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Gladys Aguila (P) 9480 sw 102+. MANIE F.C 33174

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.

Registered Agent Signature