

11/05/2004 15:03 305 262 2324 XIOMARA LEE PA PAGE 01/03
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Florida Department of State
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From: Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305)262-2323
Fax Number : (305)262-2324

ALLAHASSEE FLORIDA

2004 NOV -4 AM 8:30

FLORIDA PROFIT CORPORATION OR P.A.

J.A.D. MEDICAL CENTER INC.

Certificate of Status	1
Certified Copy	1
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J 11/5/04

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be:
J.A.D. MEDICAL CENTER INC.

2004 NOV -4 AM 8:30

TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICEThe principal place of business/ mailing address is:
2500 SW 107TH AVE SUITE 44
MIAMI, FL 33165**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:
HEALTH CLINIC SERVICES**ARTICLE IV SHARES**The number of shares of stock is:
100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**List name(s), address(es) and specific title(s):
JUAN A. DIAZ (PRESIDENT)
2500 SW 107TH AVE SUITE 44
MIAMI, FL 33165**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:
JUAN A. DIAZ
2500 SW 107TH AVE SUITE 44
MIAMI, FL 33165**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:
JUAN A. DIAZ
2500 SW 107TH AVE SUITE 44
MIAMI, FL 33165*****
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

Signature/Registered Agent

11/04/2004

Date

x

Signature/Incorporator

11/04/2004

Date

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