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05 JAN 19 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

TH 1/19/05

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

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CORAL GABLES, FL 33134

(305) 444-4994

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

1. FAMILY MEDICAL CENTER OF HOMESTEAD INC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**Family Medical Center of Homestead Inc**

**FILED**  
05 JAN 19 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

Article I - Name

The name of the corporation shall be:

**Family Medical Center of Homestead Inc**

Article II - Principal Office

The principal place of business shall be:

125 NE 8 Street Ste # 1  
Homestead, Fl 33030

Article III - Shares

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

ONE THOUSAND ( 1,000 )

Article IV - Purpose

To carry on and engage in any and all lawful business or businesses.

Article V - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

NESTOR CORONADO  
7360 Coral Way Ste 21  
Miami, Fl 33155

Article V – Incorporator(s)

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

NAME	ADDRESS	STOCK
ORLANDO ARRAZOLA	125 NE 8 St Ste #1 Homestead Fl 33030	50
CELIA L. ARRAZOLA	125 NE 8 St Ste #1 Homestead Fl 33030	50

Article VI Directors

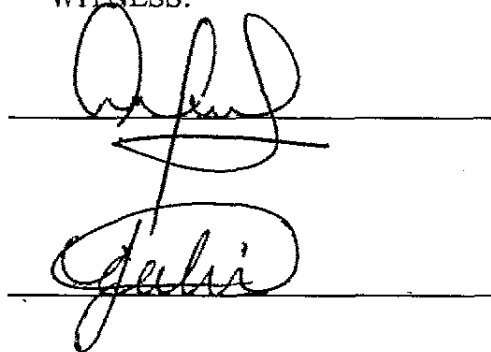
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

Same as Incorporators

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

14<sup>th</sup> Day of JANUARY 2005

WITNESS:

  
\_\_\_\_\_

  
\_\_\_\_\_  
RAQUEL M. ARRAZOLA Incorporator

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

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, 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.

1. The name of the Corporation is: Family Medical Center of Homestead Inc
2. The name and address of the registered agent and office is:

NESTOR CORONADO  
7360 CORAL WAY STE 21  
MIAMI FL 33155

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 with the provisions of all statutes relative to the proper and complete performance of my duties.

  
\_\_\_\_\_(Seal)  
NESTOR CORONADO