

# P05000011032

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## FLORIDA PROFIT CORPORATION OR P.A.

### VIVI MEDICAL CENTER INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

1-24-05  
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**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:  
VIVI MEDICAL CENTER INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
585 E 49TH ST SUITE 3  
HIALEAH, FL 33013

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
MEDICAL CENTER 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):  
JOEL MACHADO (PRESIDENT/DIRECTOR)  
585 E 49TH ST SUITE 3  
HIALEAH, FL 33013

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
JOEL MACHADO  
585 E 49TH ST SUITE 3  
HIALEAH, FL 33013

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:  
JOEL MACHADO  
585 E 49TH ST SUITE 3  
HIALEAH, FL 33013

\*\*\*\*\*  
*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  \_\_\_\_\_ 01/21/2005  
Signature/Registered Agent Date

X  \_\_\_\_\_ 01/21/2005  
Signature/Incorporator Date

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