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Florida Department of State

Division of Corporations
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Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305)262-2323
Fax Number : (305)262-2324

FILED
05 JAN 21 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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((H05000017714 3))

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

VIVI MEDICAL CENTER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing 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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