P05000029640

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000048050 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
    Account Name   : EXPRESS CORPORATE FILING SERVICE INC.
    Account Number : I20000000146
    Phone          : (305)444-4994
    Fax Number     : (305)444-4977
```

FLORIDA PROFIT CORPORATION OR P.A.

SARDINAS MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

Electronic Filing Menu   Corporate Filing   Public Access Help

(((H05000048050)))

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:

SARDINAS MEDICAL CENTER, INC.

ARTICLE II   PRINCIPAL OFFICE
The principal place of business/mailing address is:
10001 WEST FLAGLER ST STE N- 1410
MIAMI, FL 33174

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is:
MEDICAL AND THERAPHY SERVICES

ARTICLE IV   SHARES
The number of shares of stock is:
500 SHARES TO 1.00 EACH

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):

VICTOR O SARDINAS
10001 WEST FLAGLER ST STE N-1410
MIAMI FL 33174

ARTICLE VI   REGISTERED AGENT
The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

VICTOR O SARDINAS
10001 WEST FLAGLER ST N-1410
MIAMI FL 33174

ARTICLE VII   INCORPORATOR
The **name and address** of the Incorporator is:

VICTOR O SARDINAS
10001 WEST FLAGLER ST N-1410
MIAMI FL 33174

****

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 _____   02/21/2005
Signature/Registered Agent   Date

X _____   02/21/2005
Signature/Incorporator   Date