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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

NEW HORIZON MEDICAL CENTER INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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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:

New Horizon Medical Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5097 NW 5th St.
Miami, FL 33126.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Services.

ARTICLE IV SHARES

The number of shares of stock is:

50 shares of \$10.00 each.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President
Treasurer } Milagros Gutierrez
Secretary }

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Milagros Gutierrez
5097 NW 5th St
Miami, FL 33126.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Milagros Gutierrez
5097 NW 5th St.
Miami, FL 33126.

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

2/28/05

Date

X

Signature/Incorporator

2/28/05

Date

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