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TALLAHASTEE FLOREDA

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CORPORATION NAME(s) & DOCUMENT NUMI	BER(S) (if known):	
1. VADIRA MEDICAL C	ENTER INC:	
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
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Examiner's Initials

CR2E031(9/92)

#### ARTICLES OF INCORPORATION

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:

Yadira Medical Center Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

4315 NW 7th Street Ste 3839 Miami, Florida 33126

#### ARTICLE III -SHARES

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

100 Shares X \$1.00

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Geovany Moya Ferraz 606 West 81th Street Apt 124 Hialeah, Florida 33012

### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Geovany Moya Ferraz 606 West 81th Street Apt 124 Hialeah, Florida 33126

The undersigned incorporator has executed these Articles of Incorporation this \_03\_ day of \_March \_\_\_\_\_ 2004\_

Algnature

#### ARTICLE VI- DIRECTOR(S)

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

Geovany Moya Ferraz

President/Sect./Treasure
606 West 81th Street Apt 124
Hialeah,Florida 33012

TALLAHASSEE. FLUKIDA

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and i am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature