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Florida Department of State  
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**FLORIDA PROFIT CORPORATION OR P.A.**

**A & V MEDICAL CENTER INC.**

Certificate of Status	0
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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:

A & V MEDICAL CENTER INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4445 WEST 16TH AVENUE  
SUITE 505  
HIALEAH, FL 33012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

ARIEL VALVERDE CUEVAS (PD)  
4445 WEST 16TH AVENUE  
SUITE 505  
HIALEAH, FL 33012

**ARTICLE VI REGISTERED AGENT**

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

ARIEL VALVERDE CUEVAS  
4445 WEST 16TH AVENUE  
SUITE 505  
HIALEAH, FL 33012

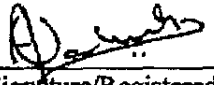
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ARIEL VALVERDE CUEVAS  
4445 WEST 16TH AVENUE  
SUITE 505  
HIALEAH, FL 33012

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

MARCH 09, 2005

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

MARCH 09, 2005

\_\_\_\_\_  
Date