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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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DEPT OF STATE
CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

m.v. medical center inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
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4-11-05

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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:

M.V. Medical Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6900 WEST 22 AVE BAY
HIALEAH FL 33018**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

medical facility

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES NO-PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARISTIDES PEDRAZA
4841 WEST 2ND LANE
HIALEAH, FL. 33012**ARTICLE VI REGISTERED AGENT**

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

ARISTIDES PEDRAZA
4841 WEST 2ND LANE
HIALEAH FL 33012**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ARISTIDES PEDRAZA
4841 WEST 2ND LANE
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

04/05/05
Date

Signature/Incorporator

04/05/05
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA