

# P05000070380

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To:

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From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305) 266-4080  
Fax Number : (305) 221-2388

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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**ANDERSON MEDICAL CENTER, INC.**

Certificate of Status	0
Certified Copy	0
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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I

#### NAME

The name of the corporation shall be: ANDERSON MEDICAL CENTER, INC.

### ARTICLE II

#### PRINCIPAL OFFICE

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

5840 S.W. 8 ST.  
MIAMI, FL. 33144

### ARTICLE III

#### SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated [COMMON SHARES.]

### ARTICLE IV

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUIS M. MORENO  
5840 S.W. 8 ST.  
MIAMI, FL. 33144

Prepared by: LUIS M. MORENO  
5840 S.W. 8 ST.  
MIAMI, FL. 33144  
954 8163798

Electronically Sent By: BUSINESS WORLD TRANSACTIONS, INC.  
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**ARTICLE V  
INCORPORATOR(S)**

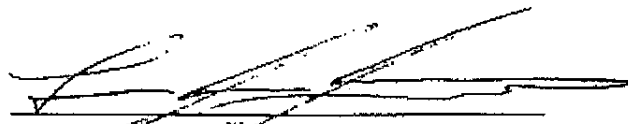
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LUIS M. MORENO  
5840 S.W. 8 ST.  
MIAMI, FL. 33144

DIRECTOR & PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12 day of MAY, 2005

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

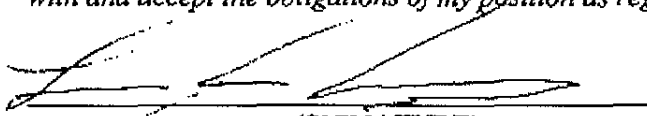
1. The name of the corporation is: ANDERSON MEDICAL CENTER, INC..

2. The name and address of the registered agent and office is:

LUIS M. MORENO  
5840 S.W. 8 ST.  
MIAMI, FL. 33144

*Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

(DATE) 05-12-05

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