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Florida Department of State
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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

FLORIDA PROFIT CORPORATION OR P.A.

krome medical center inc.

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Articles of Incorporation

ALL CHARGES, FLORIDA

Article 1: Name of Corporation: **KROME MEDICAL CENTER INC.**

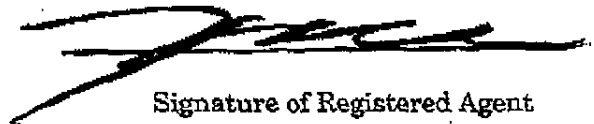
Address of Corporation: **19762 SW 177 AVE
MIAMI, FL 33187**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is 100, with a par value of 1,000.00

Article 3: REGISTERED AGENT: **PETE GUTIERREZ**

REGISTERED OFFICE: **19762 SW 177 AVE
MIAMI, FL 33187**

*I am familiar with and hereby accept the duties and responsibilities as Register Agent for said corporation.



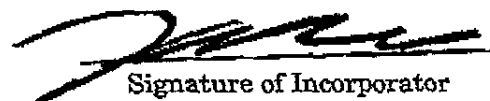
Signature of Registered Agent

Article 4: The Board of Directors is: (Board of Directors is NOT REQUIRED).
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. **ROLANDO B. PADRO, 19762 SW 177 AVE, MIAMI, FL 33187**
2. **PETE A. GUTIERREZ, 19762 SW 177 AVE, MIAMI, FL 33187**
3. **CRYSTAL WILDER, 19762 SW 177 AVE, MIAMI, FL 33187**

Article 5: The NAME and ADDRESS of the INCORPORATOR is:
**PETE GUTIERREZ
19762 SW 177 AVE
MIAMI, FL 33187**

In witness whereof, I have subscribed my name:



Signature of Incorporator

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