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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0281

From:

Account Name : MAURICIO MAGAROLAS, ESQ.  
Account Number : 072720000323  
Phone : (305) 461-9940  
Fax Number : (305) 667-1440

SECRETARY OF STATE  
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**FLORIDA PROFIT CORPORATION OR P.A.**

*Reliance* ~~Health~~ Medical Center, Inc.

Certificate of Status	0
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**ARTICLES OF INCORPORATION***(In compliance with Chapter 607 and/or 621, F.S. [Profit])***ARTICLE I NAME**

The name of this corporation shall be Reliance Medical Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**The principal place of business/mailling address is:  
1368 W. 69th Street, Hialeah, Florida 33014.**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to conduct any and all lawful business which may be conducted by business corporations organized in the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is Six Hundred (600) Shares.

**ARTICLE V INITIAL OFFICERS/DIRECTORS** *(optional)*

The name(s), and address(es) are:

Luis E. Gutierrez, President and Director

**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent are:Mauricio Magarolas, Esq.  
815 Ponce de Leon Boulevard  
Second Floor  
Coral Gables FL 33134-3007**ARTICLE VII INCORPORATOR**The name and address of the Incorporator are:Mauricio Magarolas, Esq.  
815 Ponce de Leon Boulevard  
Second Floor  
Coral Gables FL 33134-3007

*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.*

\_\_\_\_\_  
Mauricio Magarolas  
*Signature of Registered Agent*

\_\_\_\_\_  
Mauricio Magarolas  
*Signature of the Incorporator*

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