

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : XIOMARA LEE, P.A.
Account Number : I200400000008
Phone : (305) 262-2323
Fax Number : (305) 262-2324

FLORIDA PROFIT CORPORATION OR P.A.

CORAL WEST MEDICAL CENTER INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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10-30-

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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:

CORAL WEST MEDICAL CENTER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13780 SW 26TH ST SUITE 201
MIAMI, FL 33175**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MEDICAL CENTER

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

OSMIN HERRERA (PRESIDENT/DIRECTOR)
13780 SW 26TH ST SUITE 201
MIAMI, FL 33175**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:OSMIN HERRERA
13780 SW 26TH ST SUITE 201
MIAMI, FL 33175**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:OSMIN HERRERA
13780 SW 26TH ST SUITE 201
MIAMI, FL 33175

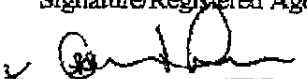
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

06/29/2005

Date



Signature/Incorporator

06/29/2005

Date

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