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Florida Department of State
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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFTT CORPORATION OR P.A.

FEAL MEDICAL CENTER, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. Burch NOV 16 2005

ARTICLES OF INCORPORATION OF

FEAL MEDICAL CENTER, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida and all rights duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of the Corporation shall be:

FEAL MEDICAL CENTER, INC.

ARTICLE II

This Corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

This Corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, State of Florida or any other state, country, territory or nation.

ARTICLE IV

The aggregate number of shares, which this corporation shall have authority to issue, is the total of 1,000 shares, having an individual par value of \$1.00 each, and shall be only Common class of stock on this corporation.

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A R T I C L E V

The name and address of the initial registered agent, registered office, and principal office of this corporation shall be:

FELIX M. UTRA
5220 NW 2ND STREET
MIAMI FL 33126

A R T I C L E VI

The initial Board of Directors shall consist of a total of one person and the name of the person who is to serve as initial director is:


FELIX M. UTRA

PRESIDENT

A R T I C L E VII

The name and address of the incorporator executing these Articles of Incorporation is:

FELIX M. UTRA
5220 NW 2ND ST
MIAMI, FL 33126



In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

First-That FEAL MEDICAL CENTER, INC.
(Name of Corporation)

Desiring to organize under the laws of the State of Florida with
Its principal office, as indicated in the Articles of Incorporation
At the City of MIAMI County of MIAMI-DADE
State of Florida has named FELIX M. UTRA
(Name of Register Agent)


Located at 5220 NW 2ND ST
(Street address and number of building,
Post Office Box address not acceptable)

City MIAMI, County of MIAMI-DADE
State of Florida, as its agent to accept service of process within
This state.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By:


FELIX M. UTRA
Register Agent

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