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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Osler Medical Center, Corp.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(9/92)

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:

OSLER MEDICAL CENTER, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4336 NW 4TH STREET - MIAMI, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SAMUEL IGLESIAS (PD)
4336 NW 4TH STREET - MIAMI, FL 33126

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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

SAMUEL IGLESIAS
4336 NW 4TH STREET - MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

SAMUEL IGLESIAS
4336 NW 4TH STREET - MIAMI, FL 33126

****

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 — FEBRUARY 16, 2006 — Date

Signature/Incorporator — FEBRUARY 16, 2006 — Date