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CORPORATE FILING SERVICE	
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CORPORATION NAME(S) & DOCUMENT N	NUMBER(S), (if known):
1. VILLAS MEDICAL CE	MERINC.
(Corporation Name)	(Document #)
2.	, 5.
(Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
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NEW FILINGS AMI	ENDMENTS
Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS REC	GISTRATION/QUALIFICATION
☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1 - NAME

The name of the corporation shall be:

VILLAS Medical Center Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

1437 W Flagler ST Minmi F.L. 33135

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose J. Fernandez 6290 NW 2.ST Minni FL 33126

ARTICLE V - INCORPORATOR

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SECRETARY OF STATE

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

José J. FernAndee

6290 NW 2 ST Minmi FL 33,126.

The undersigned incorporator has executed these Articles of incorporation this day of

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are): Jose & Fernandez (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature