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CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):	
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
<b>OTHER FILINGS</b>	<b>REGISTRATION/QUALIFICATION</b>	
<ul><li>Annual Report</li><li>Fictitious Name</li></ul>	<ul> <li>Foreign</li> <li>Limited Partnership</li> <li>Reinstatement</li> <li>Trademark</li> </ul>	

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**Examiner's Initials** 

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## ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 I - NAME

The name of the corporation shall be:

Atenia Medical Center, inc

### ARTICLE II - PRINCIPAL OFFICE

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

3990 W Flagler st miami EC 33134 ARTICLE III -SHARES

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

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### **ARTICLES IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Ricardo Fonsecq.

3990 W Flagles st. miami, EC 33134

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE V - INCORPORATOR

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

- C -

Ricardo Fonseca 17310 SW 119 Ave miami EC 33177. The undersigned incorporator has executed these Articles of Incorporation this 7 day of dure 2006.

ARTICLE VI- DIRECTOR (S)

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

Ricardo Fonseca. (P)

3990 W Elagles st miami, IC 33134

### 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 Agena Signature