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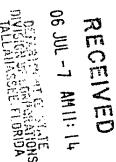
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SECRETANY OF STATE TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCU	JMENT NUMBER(S), (if known):
, KAISER CLINIC,	, FVC
(Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #)
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NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit	Amendment  Description of P. A. Officer/Director
Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication .	Dissolution/Withdrawal
Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
☐ Fictitious Name	Limited Partnership
	Reinstatement
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#### ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned Incorporator(5), 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:

KAISER CLINIC, INC.

## ARTICLE II - PRINCIPAL OFFICE

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

1951 NW 17th AVE Miami, FL 33125

### **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:

Dalia M Gutierrez 1120 Sw 74 ct Miani, FL 33144

FROM : LAZARUS

FILED 06 JUL -7 PH 3: 29 SECHETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLE V - INCORPORATOR

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

DAlia M Gutierrez

The undersigned incorporator has executed these Articles of Incorporation this 22 day of June

Signature

#### **ARTICLE VI- DIRECTOR (S)**

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

> Dalia M Gutierrez P.D 1120 SW 74 ct Mi Ami FL 33144

#### 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

FROM : LAZARUS