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Florida Department of State
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

healthcare group management corp

Certificate of Status	0
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J. Shivers SFP (12-2006)

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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 I NAME

The name of the corporation shall be:

HEALTHCARE GROUP MANAGEMENT CORP

ARTICLE II PRINCIPAL OFFICE

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

8808 NW 181 Street
Miami Lakes FL 33018

ARTICLE III SHARES

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

100 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Oresteban C Montesinos
8808 NW 181 Street
Miami Lakes FL 33018

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ARTICLE V INCORPORATOR(S)

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

*Oresteban C Montesinos
8808 NW 181 Street
Miami Lakes FL 33018*

ARTICLE VI OFFICERS

PRESIDENT *Oresteban C Montesinos
8808 NW 181 Street
Miami Lakes FL 33018*

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

11 Day of September, 2006

(An additional article must be added if an effective date is requested.)



President

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

HEALTHCARE GROUP MANAGEMENT CORP

1. The name and address of the registered agent and office is:

Oresteban C Montesinos

8808 NW 181 Street

(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)

MIAMI LAKES FL 33018

(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(SIGNATURE)

09/11/2006

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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