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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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From:

Account Name : XIOMARA LEE, P.A.  
Account Number : I20040000008  
Phone : (305) 262-2323  
Fax Number : (305) 262-2324

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**CHB MEDICAL CENTER INC.**

Certificate of Status	1
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## 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:

CHB MEDICAL CENTER INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4851 NW 79TH AVE SUITE 10  
DORAL, FL 33166

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL CENTER

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CARLOS BORGES (PRESIDENT/DIRECTOR)  
4851 NW 79TH AVE SUITE 10  
DORAL, FL 33166

GILBERTO BORGES (VICEPRESIDENT/DIRECTOR)  
4851 NW 79TH AVE SUITE 10  
DORAL, FL 33166

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CARLOS BORGES  
4851 NW 79TH AVE SUITE 10  
DORAL, FL 33166

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLOS BORGES  
4851 NW 79TH AVE SUITE 10  
DORAL, FL 33166

\*\*\*\*\*

*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*

x   
\_\_\_\_\_  
Signature/Registered Agent

10/04/2006

\_\_\_\_\_  
Date

x   
\_\_\_\_\_  
Signature/Incorporator

10/04/2006

\_\_\_\_\_  
Date

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