BERRIZ&GIRALDO

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Florida Department of State

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number: I19990000017

Phone : (305)485-9300 Fax Number : (305)485-1098

FLORIDA PROFIT/NON PROFIT CORPORATION

INTERAMERICAN MEDICAL CENTER OF HIALEAH, INC.

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ARTICLES OF CORPORATION

OF

2007 NOV 14 PM 1: 07

ARTICLES OF CORPORATION

INTERAMERICAN MEDICAL CENTER OF HIALEAH, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as Incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

INTERAMERICAN MEDICAL CENTER OF HIALEAH, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

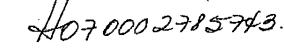
- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

 To have perpetual succession by its corporate

name:

INTERAMERICAN MEDICAL CENTER OF HIALEAH, INC.

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 Ho7 000 2785743.



ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 60 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

JOEL LAGO 3695 W 4 AVE HIALEAH, FL. 33012

The principal office shall be:

3695 W 4 AVE HIALEAH, FL. 33012

The mailing address shall be:

7101 WEST FLAGLER ST MIAMI, FL. 33144 J070002785743

ARTICLE VI

The initial Board of Directors shall consist of a total of **THREE(03)** person, and the name and address of the person who is to serve as an initial director is:

JOEL LAGO 3695 W 4 AVE HIALEAH, FL. 33012 PRESIDENT

LEANDRO LUIS OTERO, MD 3895 W 4 AVE HIALEAH, FL. 33012 VICEPRESIDENT

MARIELA PADRON 3695 W 4 AVE HIALEAH, FL. 33012

VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

JOEL LAGO 3695 W 4 AVE HIALEAH, FL. 33012

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this NOVEMBER 13, 2007.

JOEL LAGO

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CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, 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.

1. The Name of the corporation is:

INTERAMERICAN MEDICAL CENTER OF HIALEAH, INC.

2. The Name and Address of the registered agent and office is wireless

JOEL LAGO 3695 W 4 AVE HIALEAH, FL. 33012

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

Dated NO VEMBER 13, 2007.

Ho-7000 2785743.