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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) - Certified Copy Pick up time Walk in Certificate of Status Mail out Will wait Photocopy NEW FILINGS AMENDMENTS **Profit** Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

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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:

Capital MEDICAL CENTER INC ARTICLE 11 - PRINCIPAL OFFICE

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

4995 W 4 AVE HIALEAH, FL, 33014

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $/O \bigcirc$

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALBERTO BONET 4995 W 4AVE HIALEAH, FL, 33014

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ARTICLE V - INCORPORATOR

SECRETARY OF STATE ALLAHASSEE, FLORIDA

The name and street address of the incorporator to these Articles of Incorporation is: Alberto BoneT 11387 NW2 Teres Missin, FL 33172

The undersigned incorporator has executed these Articles of Incorporation this day of 11/16/2007

Signature

ARTICLE VI- DIRECTOR(S)

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

4995 W 4 AVE

HIALEAH, FL 33014

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