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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if k town): (Document # (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Sertified Copy Photocopy Certificate of Status Mail out Will wait **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/QU. LIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

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:

Febre's Medical Center INCE

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

1870 Forest Hill Boulevard, West Palm Beach Florida, 33406

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

<u>ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Astrid A. Febre 1870 Forest Hill Boulevard, West Palm Beach, FC 33406

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:			
Astrid A. Febre			
Astrid A. Febre 1870 Ferest Will Blu West Polm Bruch, FC 33406	•		
THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ART	ICLES		
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SIGNATURE	H S		
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ARTICLE VI - DIRECTOR(S)	₽'''	π.	
THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):			
Astrid A. Febre. President.	<u></u>		
			

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