

FROM: 305-220-1440  
Division of Corporations

FAX NO: 305-220-1440

DATE: 26 JUN 2008 4:25 PM

P08000062248

Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION

SOUTH EAST MEDICAL CENTER OF MIAMI INC.

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June 26, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: SOUTH EAST MEDICAL CENTER OF MIAMI INC.  
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Jim Burch  
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Letter Number: 308A00038449

**H08000159508**

**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.

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I - NAME**

THE NAME OF THE CORPORATION SHALL BE:

**SOUTH EAST MEDICAL CENTER OF MIAMI INC.**

**ARTICLE II - PRINCIPAL OFFICE**

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

**5221 30<sup>TH</sup> AVE SW  
NAPLES FL 34116**

**ARTICLE III - SHARES**

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

**100**

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

**MICHEL PUPO  
5221 30<sup>TH</sup> AVE SW  
NAPLES FL 34116**

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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

Michel Pupo  
5221 30<sup>TH</sup> AVE SW  
NAPLES FL 34116

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS

25 DAY OF JUNE, 2008

  
\_\_\_\_\_  
SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

MICHEL PUPO (P)

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

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