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FLORIDA PROFIT/NON PROFIT CORPORATION

DORAL CARE CENTER, INC

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Florida Dept of State



October 29, 2008

FLORIDA DEPARTMENT OF STATE

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n effective date may be added to the Articles of Incorporation if a 2009 ate is needed, otherwise the date of receipt will be the file date. A sparate article must be added to the Articles of Incorporation for the ffective date.

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(L.E.)

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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

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 1 - NAME

THE NAME OF THE CORPORATION SHALL BE: ...

DORAL CARE CENTER, INC

ARTICLE II - PRINCIPAL OFFICE

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

8181 NW 36 ST Suite 5A. DORAL FL 33166:

ARTICLE III - SHARES

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

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

YVONNE SECO 8181 NW 36 ST Suite 5A DORAL FL 33166 FROM : LAZARUS

FAX NO. :3052201440

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

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

VONNE SECO 8181 NW 36 ST SUITE 5A DORAL FL 33166

THE UNDERSIGNED, INCORPORATOR HAS EXECUTED. THESE ARTICLES

HOF INCORPORATION THIS

200

SIGNATURE

ARTICLE VI - DIRECTOR(S)

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

GILBERTO SECO, MD. (President)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

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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