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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

WEST DIXIE HEALTH CENTER, INC.

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ARTICLES OF INCORPORATION
OF

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida general Corporation Act, hereby adopt(s) the following Articles of incorporation.

Article I NAME

The name of the corporation shall be:

WEST DIXIE HEALTH CENTER, INC.

The principal place of business of this corporation shall be:

703 S DIXIE HIGHWAY W
POMPANO BEACH, FL 33060

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value this corporation is authorized to have outstanding at any one time is: 100 shares.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

MARIE I. LAVENTURE
703 S DIXIE HIGHWAY W
POMPANO BEACH, FL 33060

PRESIDENT

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 14 of APRIL, 2009.

MARIE I. LAVENTURE
703 S DIXIE HIGHWAY W
POMPANO BEACH, FL 33060

Signature(s) of Incorporator



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607,325, 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:

WEST DIXIE HEALTH CENTER, INC.

2.- The name and address of the registered agent and office is:

MARIE I. LAVENTURE

(P O BOX NOT ACCEPTABLE)

703 S DIXIE HIGHWAY W
POMPANO BEACH, FL 33060

(CITY/STATE/ZIP)

Signature Marie Yelke Laventure

Title President

Date APRIL 14, 2009

HAVING BEEN NAMED TO ACCEPT OF PROCESS FOR THE ABOVE
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES

Signature Marie Yelke Laventure

Date April 14, 2009

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