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CORPORATION NAME(S) & DOC	Office Use Only CUMENT NUMBER(S), (if known):	-
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	·
CR2E031(7/97)	Examiner's Initial	s

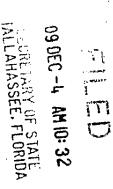
ARTICLES OF INCORPORATION

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:

VALENCIA MEDICAL CENTER INC.



ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be: 4001 SW 4 ST MIAMI, FL 33134

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUDITH VALENCIA 4001 SW 4 ST MIAMI, FL 33134

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

JUDITH VALENCIA 4001 SW 4 ST MIAMI, FL 33134

ARTICLE VI DIRECTOR(S)

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

JUDITH VALENCIA 4001 SW 4 ST MIAMI, FL 33134 (PRESIDENT & SECRETARY)

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this _____ 2nd day of _____ 2009 __.

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 is:

VALENCIA MEDICAL CENTER INC

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

JUDITH VALENCIA	
(NAME)	CREC TA
4001 SW 4 ST	ASSS -
(P.O. BOX <u>NOT</u> ACCEPTABLE)	MO M ITT
MIAMI, FL 33134	
(CITY/STATE/ZIP)	32 810A

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE_

DATE DECEMBER 2, 2009