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Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
WESTWARD MEDICAL CENTER, INC.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
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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:

*Westward Medical Center, Inc.*

**ARTICLE II - PRINCIPAL OFFICE**

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

*286 Westward Dr.  
Miami Springs FL 33166.*

**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

*Mario De la Rosa.  
286 Westward Dr.  
Miami Springs FL 33166.*

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**ARTICLE V - INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

Mario De la Rosa.  
286 Westward Dr.  
Miami Springs FL 33166.

The undersigned incorporator has executed these Articles of Incorporation this  
14 day of December 2009.

  
\_\_\_\_\_  
Signature

**ARTICLE VI - DIRECTOR (S)**

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

Mario De la Rosa. (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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