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Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
WEST MEDICAL CENTER HEALTH CARE, INC**

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February 22, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: WEST MEDICAL CENTER HEALTH CARE, INC.  
REF: W10000008859

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P05000139336 (WEST MEDICAL CENTER HEALTH CARE CORP.).

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Becky McKnight  
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New Filing Section

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## ARTICLES OF INCORPORATION

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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:

WEST MEDICAL CENTER HEALTH CARE II,  
Corp.ARTICLE II - PRINCIPAL OFFICETHE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS  
CORPORATION SHALL BE:8360 West Flagler St Ste # 203-A  
Miami FL 33141ARTICLE III - SHARESTHE 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

Miguel A. CARDENAS  
12893 SW 17 St  
Miami FL 33175

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ARTICLE V - INCORPORATOR

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

Miguel A. CARDENAS  
12893 SW 17 St  
Miami FL 33175

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES  
OF INCORPORATION THIS

\_\_\_\_ DAY OF \_\_\_\_\_, 200

  
\_\_\_\_\_  
SIGNATURE

ARTICLE VI - DIRECTOR(S)

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

Miguel A. CARDENAS

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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