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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
UNION MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATIONSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

UNION MEDICAL CENTER, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

8360 West FLAGLER ST suite 104
MIAMI FL 33144

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Yocelys Sosa
8360 West FLAGLER ST suite 104
MIAMI FL 33144

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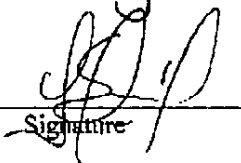
2010 AUG -9 P 12 55

ARTICLE V - INCORPORATORThe name and address of the incorporator to these Articles of Incorporation is: **SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Yoelvis Soris
8360 West FLAGLER ST Suite 104
MIAMI FL 33144

The undersigned incorporator has executed these Articles of Incorporation this

9 day of Aug 20 10.


Signature

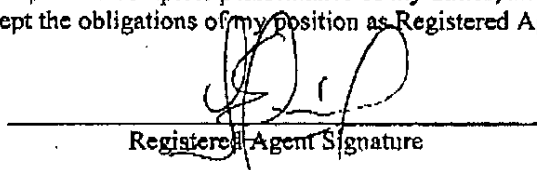
ARTICLE VI - DIRECTOR (S)

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

(100%) Yoelvis Soris (President)
SUSANA GUTIERREZ (Director)

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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