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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: SO	UTH F	LORIDA HEALTH MEDICAL CE (PROPOSED CORPORA)	ENTER, INC FE NAME – <u>MUST INCL</u> I	UDE SUFFIX)		
Enclosed are an	origin	al and one (1) copy of the artic	cles of incorporation and	a check for:	,	
☐ \$70. Filing F		\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy			
	ADDITIONAL COPY REQUIRE			PY REQUIRED		
FROM		TH FLORIDA HEALTH MEDICA Name RAND CANAL DR SUITE 301	L CENTER, INC (Printed or typed)	SECRETARY OF STALLAHASSEE.FL	2010 AUG -6 PM 2: 24	
85 GRAND CANAL DR SUITE 301 Address Address						
	MIAM	II, FL 33144	2		£2	
		City, t	State & Zip			
(305)909-5406 Daytime Telephone number						
Daytine receptione number						
		E-mail address: (to be used	for future annual report n	otification)		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SOUTH FLORIDA HEALTH MEDICAL CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 85 GRAND CANAL DR SUITE 301 MIAMI, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MEDICAL CENTER TO PROVIDE HEALTH CARE TO PATIENTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John G. Padron - President-

85 Grand Canal Dr. Suite 301

Miami, FL

33144

ARTICIE VI	PECISTERED	A CO TO B TOO

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agentals JOHN G. PADRON

85 GRAND CANAL DR SUITE 301

MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN G. PADRON

85 GRAND CANAL DR SUITE 301

MIAMI, FL 33144

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to get in this effective.

agree to act in this capacity

Offso Signature/Registered Agent

Signature/Incorporator

O7/30/2010

O7/30/2010

Date

Date