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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA MEDICAL CENTERS CORP**

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|-----------------------|---------|
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August 20, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: FLORIDA MEDICAL CENTERS CORP
REF: W10000039383

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

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Ruby Dunlap
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

My Florida Medical Centers CORP

ARTICLE II - PRINCIPAL OFFICE

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

6095 NW 72 Ave Miami 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

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DIXAN . E. BARCELO

6095 NW 72 AVE

Miami FL 33166

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V - INCORPORATOR

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

Dixan Barcelo.
6095 NW 72 AVE
Miami FL 33166

The undersigned incorporator has executed these Articles of Incorporation this

19 day of AUGUST 2010

Signature

ARTICLE VI - DIRECTOR(S)

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

Dixan Barcelo (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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