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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
A & L MEDICAL CENTER, INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
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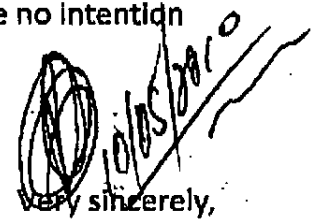
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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of A & L Medical CENTER, Inc
of Doc # P03000105214 are the same owners of the attached
articles of incorporation. We have dissolved the company and have no intention
of reopening it. Thank you for your help in this matter.


Very sincerely,

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TALLAHASSEE, FLORIDA
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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:

A & L MEDICAL CENTER, INC

ARTICLE II - PRINCIPAL OFFICE

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

2140 W. FLAGLER ST
SUITE #112
MIAMI FL 33135

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TALLAHASSEE, FLORIDA

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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:

PEDRO A. CUNI
2140 W. FLAGLER ST. #112
MIAMI FL 33135

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ARTICLE V - INCORPORATOR

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

PEDRO A. CUNI
2140 W. FLAGLER ST. # 112
Miami FL 33135

The undersigned incorporator has executed these Articles of Incorporation this
5 day of OCTOBER 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):

PEDRO A. CUNI (P)

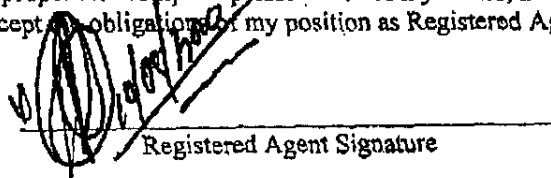
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE

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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