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**FLORIDA PROFIT/NON PROFIT CORPORATION  
GOVEA MEDICAL CENTER INC.**

Certificate of Status	0
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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:

GOVEA MEDICAL CENTER INC.

**ARTICLE II - PRINCIPAL OFFICE**

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

2742 SW 8 ST # 19  
Miami FL 33135

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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:

CARIDAD Govea  
2742 SW 8 ST # 19  
Miami FL 33135

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**ARTICLE V - INCORPORATOR**

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

CARIDAD GOVEA  
2742 SW 8 ST #19  
Miami FL 33135

The undersigned incorporator has executed these Articles of Incorporation this

26 day of APRIL 2011.

  
Signature

**ARTICLE VI - DIRECTOR(S)**

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

CARIDAD GOVEA (P)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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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