#5750 P.001/003

## Florida Department of State

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## FLORIDA PROFIT/NON PROFIT CORPORATION STARLITE MEDICAL CENTER INC

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## H11000262752

### 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:

STARLITE MEDICAL CENTER INC

#### ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS
CORPORATION SHALL BE:

3785 NW 82 AVENUE # 109 DOEAL FL 33166

#### ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

2011 NOV -3 AM 4: 30
TALLAHASSEE, FLORIDA

100

#### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

PAUL HERNANDEZ 3785 NW 82 AVENUE # 109 DORAL FL 33166

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### ARTICLE V - INCORPORATOR

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

DORAL FL 33166

The undersigned incorporator has executed these Articles of Incorporation this

2 nd day of Noverleen 20 11.

ARTICLE VI-DIRECTOR (S)

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

PAUL HERNANDEZ (P) 3785 NW 82 AVENUE #109 DORAL FL 33166 SECRETARY OF STATE

# 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 haveby 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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