

Division of Corporations

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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
CANAAN MEDICAL CENTER, INC.

Certificate of Status	1
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**ARTICLES OF INCORPORATION
OF
CANAAN MEDICAL CENTER, INC.**

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME AND ADDRESS

The name and address of the corporation is:

NAME: CANAAN MEDICAL CENTER, INC.

PHYSICAL ADDRESS: 1441 NORTH PINE HILLS ROAD, ORLANDO FL 32808

MAILING ADDRESS: 1441 NORTH PINE HILLS ROAD, ORLANDO FL 32808

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

Name: LHERISSON DOMOND

Address: 4600 W COMMERCIAL BLVD SUITE 6

City: TAMARAC, FL 33319

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(S) initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows:

Name: LHERISSON DOMOND, PRESIDENT

Address: 4600 W COMMERCIAL BLVD SUITE 6

City: TAMARAC, FL 33319

ARTICLE VII - INCORPORATORS

The name and address of the person signing these articles of Incorporation are as follows:

Name: LHERISSON DOMOND

Address: 4600 W COMMERCIAL BLVD SUITE 6

City: TAMARAC, FL 33319

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 act in this capacity

Lherisson Domond M.D.

LHERISSON DOMOND / Registered Agent

05/02/2012

Date

Lherisson Domond M.D.

LHERISSON DOMOND / Incorporator

05/02/2012

Date

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