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FLORIDA PROFIT/NON PROFIT CORPORATION PREMIUM HEALTH CARE MEDICAL CENTER INC

Certificate of Status	0
Certified Copy	1
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July 10, 2012

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, INC. Division of Corporations

SUBJECT: PREMIUM HEALTH CARE MEDICAL CENTER INC
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Claretha Golden
Regulatory Specialist II
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FAX Aud. #: H12000177792
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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:

PREMIUM HEALTH CARE MEDICAL CENTER INC

ARTICLE II - PRINCIPAL OFFICE

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

8100 WEST FLAGLER ST. STE 101
Miami FL 33144

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:

ANTONIO M. DELGADO - ACOSTA
8100 WEST FLAGLER ST. Suite 101
Miami FL 33144

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ARTICLE V - INCORPORATOR

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

ANTONIO M. DELGADO-ACOSTA
8100 WEST FLAGLER ST. STE 101
Miami FL 33144

The undersigned incorporator has executed these Articles of Incorporation this

9TH day of July 20 12


SignatureARTICLE VI- DIRECTOR (S)

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

Antonio M. DELGADO-ACOSTA

(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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