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FLORIDA PROFIT/NON PROFIT CORPORATION

FLORIDA MEDICAL CENTERS CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
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July 12, 2012

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, INC. Division of Corporations

SUBJECT: FLORIDA MEDICAL CENTERS CORP.
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Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000179970
Letter Number: 012A00018675

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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:

FLORIDA MEDICAL CENTERS I,
Corp.

ARTICLE II - PRINCIPAL OFFICE

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

6095 NW 72 ave
miami FL 33166

SECRETARY OF STATE
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:

DIXAN BARCELO
6095 NW 72 ave
Miami FL 33166

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ARTICLE V - INCORPORATOR

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

DIXAN BARCELO
6095 NW 72 Ave
MIAMI FL 33166

The undersigned incorporator has executed these Articles of Incorporation this

11 day of JULY 20 12.

Signature

ARTICLE VI - DIRECTOR(S)The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are):

Dixan Barcelo (P)

STATE OF FLORIDA
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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