

FLORIDA DEPARTMENT OF STATE  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
WEST DADE MEDICAL CENTER INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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T. Burch FEB 4 2013

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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.

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**ARTICLE I - NAME**

The name of the corporation shall be:

West dade medical Center, Inc

**ARTICLE II - PRINCIPAL OFFICE**

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

6850 Coral way suite 501  
Miami, FL, 33155

**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:

Yenisleidys Perez  
6850 Coral way suite 501  
Miami FL 33155

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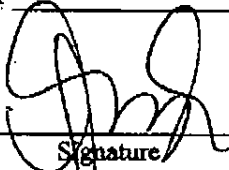
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**ARTICLE V - INCORPORATOR**

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

6850 Coralway suite 501  
Miami FL 33155  
Yenisleidy Perez

The undersigned incorporator has executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

  
\_\_\_\_\_  
Signature

**ARTICLE VI DIRECTOR (S)**

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

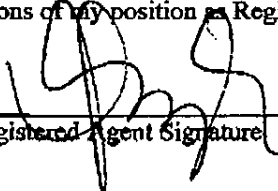
Yenisleidy Perez (P)

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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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