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Division of Corporations

ARAZOZA & FERNANDEZ

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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
ST. LUKE HEALTH CORPORATION

Certificate of Status	1
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DEPARTMENT OF STATE
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION
OF
ST. LUKE HEALTH CORPORATION

The undersigned incorporators to these articles of Incorporation hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I
NAME

The name of this corporation is ST. LUKE HEALTH CORPORATION

ARTICLE II
GENERAL NATURE OF BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III
CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a nominal or par value of one (\$1.00) Dollar per share. All said shares shall be payable in cash, property, labor or services at a valuation to be fixed by the Board of Directors at a meeting called for that purpose. Property, labor or services may be purchased or paid for with capital stock at a just valuation to be fixed by the Board of Directors.

ARTICLE IV
INITIAL CAPITAL

The amount of capital with which this corporation will begin business is not less than \$100.

ARTICLE V
TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Carlos F. Arazoza, Esq.
2100 Salzedo Street, Suite 300
Phone: (305) 444-6226
Coral Gables, Florida 33134
Florida Bar N° 0898806

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ARTICLE VI
ADDRESS

The principal office and the mailing address for this Corporation in the State of Florida is 2501 SW 8TH STREET, MIAMI, FL 33135. The Board of Directors may from time to time move the principal office or the mailing address to another address in Florida.

ARTICLE VII
DIRECTORS

This corporation shall have not less than one director, however, the number of directors may be increased or diminished from time to time by By-laws adopted by the Stockholders, but shall never be less than one. The name and address of the initial directors which shall serve until their replacements assume their position are:

Name
MARIA D. MENENDEZ

Address
2501 SW 8TH STREET
MIAMI, FL 33135

ARTICLE VIII
INITIAL OFFICERS

The name, office and address of the initial officers which shall serve until their replacements assume their position are:

<u>Office</u>	<u>Name</u>
President	MARIA D. MENENDEZ
Secretary	

Address
2501 SW 8TH STREET
MIAMI, FL 33135

ARTICLE IX
INCORPORATOR

The name and mailing address of the Incorporator of these articles of incorporation is Maria D. Menendez of 2501 SW 8th Street, Miami, FL 33135.

ARTICLE X
AMENDMENT

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these articles of incorporation be made.

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ARTICLE XI
REGISTERED OFFICE AND REGISTERED AGENT

ST. LUKE HEALTH CORPORATION, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A. as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

WITNESS the hand and seal of the Incorporator in Miami-Dade County, Florida, this 29th day of July, 2013

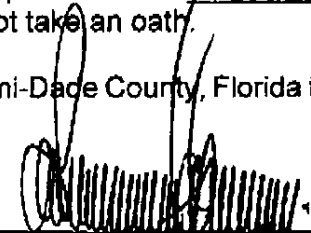

Maria D. Menendez
Incorporator

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 29th day of July, 2013, by Maria D. Menendez, the Incorporator, for and on behalf of ST. LUKE HEALTH CORPORATION. She is personally known to me or presented her FL. DRIVERS
LICENSE as identification, and she did not take an oath.

WITNESS my hand and seal at Coral Gables, Miami-Dade County, Florida this 29th day of July, 2013




Notary Public, State of Florida
At Large

My commission expires:

13 JUL 29 AM 10:25

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

ST. LUKE HEALTH CORPORATION

2. The name and address of the registered agent is:

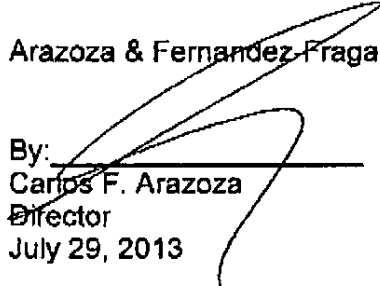
ARAZOZA & FERNANDEZ-FRAGA P.A.
2100 SALZEDO STREET, SUITE 300
CORAL GABLES, FL 33134

Incorporator:


Maria D. Menendez

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Arazoza & Fernandez Fraga P.A.

By: 
Carlos F. Arazoza
Director
July 29, 2013