Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000\psi16189 3)))



H140600181898ABC/

Note: DO NOT hit the REFRESIL/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Comparations

rax Number

.: (85d)617-6381

From:

Policiscott Name of TAZHAUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phono : (301)352 5973

Fax Number : (305)220-1440

*Enter the annil addition for this business entiry to be used for rutare annual report mailings. Enter doly one email address please. **

Zmaii Address:

FLORIDA PROFITANON PROFIT CORPORATION

BLUE DIAMOND MEDICAL CENTER INC

Certificate of Status	G
iContinui Copy	
Page Count	9.5
Estimated Charge	578.75

Electronic Filing Menu Corporate Filing Menu

H14000016189

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:

Blue Diamond MEDICAL CENTER INC

ARTICLE II - PRINCIPAL OFFICE

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

12646 SW 8 ST. Miami FI 33184

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CELIA Dominguez-CRUZ 12646 SU 8 ST. Miami FL 33184

H14000018189

H140000016139 ARTICLE V - INCORPORATOR

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

IZG46 SW 8 ST. Miami Fi 33184

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

ARTICLE VI DIRECTOR (S)

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

CELIA Dominauez-Cruz

SECRETARY OF STATE ALLAHASSEE FLORIDA

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

H14000016189