

PA000005870

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**1st CLASS MEDICAL CENTERS, INC.**

Certificate of Status		0
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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:

1<sup>st</sup> CLASS Medical Centers, Inc.

**ARTICLE II - PRINCIPAL OFFICE**

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

729 E 49<sup>th</sup> St  
Hialeah, FL 33013

**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:

Rudy N. Dominguez

729 E 49<sup>th</sup> St Hialeah, FL 33013

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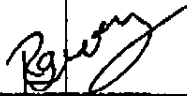
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**ARTICLE V - INCORPORATOR**

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

Rudy N. Dominguez  
1729 E 49<sup>th</sup> St Hialeah, FL 33013

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

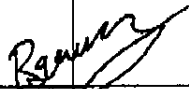
Signature

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

Rudy N. Dominguez (President)

**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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