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#370 P 1/04

Florida Department of State  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
CENTRO HISPANO DE SALUD CORP.

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H14000106307

**ARTICLES OF INCORPORATION  
OF**

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

**ARTICLE I NAME**

The name of the corporation shall be:

CENTRO HISPANO DE SALUD CORP.

**ARTICLE II PRINCIPAL OFFICE**

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

5366 Palm Ave  
Hialeah, FL 33012

**ARTICLE III PURPOSE**

The purpose of this corporation shall be:

HEALTH CARE CENTER

**ARTICLE IV CAPITAL STOCK**

The number of shares of stock that this corporation is authorize to have outstanding is:

100

**ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

MIGUEL R. LLANES  
5366 Palm Ave  
Hialeah, FL 33012

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H14000106361

### ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

MIGUEL R. LLANES  
5366 Palm Ave  
Hialeah, FL 33012

### ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

MIGUEL R. LLANES / PS  
5366 Palm Ave  
Hialeah, FL 33012

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### ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

MIGUEL R. LLANES  
5366 Palm Ave  
Hialeah, FL 33012

The undersigned has (have) executed these Articles of Incorporation this 2 day of

May, 2014.

  
Incorporator Signature

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03/13/2032 06:30

#3702 P.004/004

H14000106367

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERD OFFICE**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE  
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE  
APPOINTMENT AS REGISTERED 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.**

  
REGISTERED AGENT SIGNATURE

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