

Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
DELIS MEDICAL CENTER CORP

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAY 29 PM 2:54

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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.

FILED  
14 MAY 29 PM 12:22  
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TALLAHASSEE FLORIDA

**ARTICLE I - NAME**

The name of the corporation shall be:

DeLi's Medical Center Corp

**ARTICLE II - PRINCIPAL OFFICE**

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

947 SW 87th  
Miami FL 33174

**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:

ALEX BORRERO  
947 SW 87th  
Miami FL 33174

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TALLAHASSEE, FLORIDA

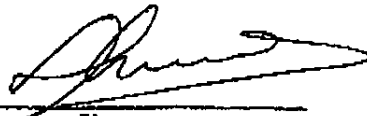
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ARTICLE V - INCORPORATOR

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

ALEX BOKKERO  
947 SW 87th  
MIAMI FL 33174

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

  
\_\_\_\_\_  
Signature

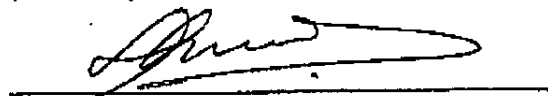
ARTICLE VI- DIRECTOR (S)

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

Alex Bokkero (P)

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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