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FLORIDA PROFIT/NON PROFIT CORPORATION HIALEAH EXCELLENCE MEDICAL CENTER, INC

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpo	ME ration shall be: HIALEAH EXCELLE	NCE MED	ICAL CENTER, II	NC	
ARTICLE II PI		Mailing address, if different is:			
1840 W 49	STREET				
STE: 420		*			
HIALEAH,	FL 33012		***************************************		
ARTICLE III PU	RPOSE 1 the corporation is organized is:	ND LAW	/FUL BUSINE	ESS	
The purpose for which	the corporation is organized is:				
		-			0
				<u>5</u>	VISI
	,			E8 2	22 22 22 22 22
				9	. CO.
				Fii 12:	CORPORATIONS
ARTICLE IV SE	TARES OLIADEO, 400			2: 34	
The number of shares	TARES SHARES: 100			ŧ.	2
ARTICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR	s			
	ANA MARIA AEL (P/S/D)		JUAN M. MARTI	E (V/D)
Address	1840 W 49 STREET	Address:	1840 W 49 STR		
Addices	SUITE: 420	_ Addiess.	SUITE: 420		
	HIALEAH, FL 33012	-	HIALEAH, FL 33	3012	
3.7	e: ENMI MANUEL RIVERA (V/D)				
	1840 W 49 STREET	Name and Title	:		
Address	SUITE: 420	_ Address:	•		
	HIALEAH, FL 33012	-			
		-			
Name and Titl	· · · · · · · · · · · · · · · · · · ·	Name and Title	:		
Address	1840 W 49 STREET	Address:			·
	SUITE: 420	-			
	HIALEAH, FL 33012				

(conti.)

Name and Title:		Name and Title:		
Address		Address:		
				
				
ARTICLE VI	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	ANA MARIA AEL			
Address:	1840 W 49 STREET SUITE: 420		55	DIVID S
	HIALEAH, FL 33012		F£β	SION
			26	STARIE CARRE
ARTICLE VII	INCORPORATOR		<u>.0</u>	800
The name and ad	dress of the Incorporator is:			S 2
Name:	ANA MARIA AEL		PH 12: 34	RY OF STATE CORPORATIONS
Address:	1840 W 49 STREET SUITE: 420		-	乔
	HIALEAH, FL 33012			
	ned as registered agent to accept service of process im familiar with and accept the appointment as regi	istered agent and agree to act in this		
	Required Signature/Registered Agent		Date	
	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony		rmation submitte	eð in a
	Au Morin Ay	· · · · ·	12.25-2	,015
	Required Signature/Incorporator		Date	