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Florida Department of State
Division of Corporations
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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ADVANTAGE CARE MEDICAL CENTER INC**

Certificate of Status		0
Certified Copy		1
Page Count		04
Estimated Charge		\$78.75

15 MAY -8 PM 4:51

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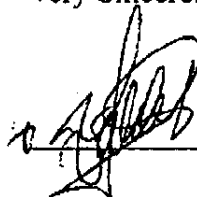
Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of ADVANTAGE CARE MEDICAL CENTER INC of Doc # _____ are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,



15 MAY -8 AM 9:14
CLERK OF THE COURT
TALLAHASSEE - FLORIDA

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

ARTICLE I NAME: The name of the corporation is:

ADVANTAGE CARE MEDICAL CENTER INC

ARTICLE II PRINCIPAL OFFICE:

TAX ID
262968723

The principal street address and mailing address is:

7500 SW 8 ST SUITE #303
MIAMI FL 33144

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

YOEL VALDES (PRESIDENT)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

YOEL VALDES
7500 SW 8 ST SUITE 303
MIAMI FL 33144


ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

YOEL VALDES
7500 SW 8 ST SUITE 303
MIAMI FL 33144

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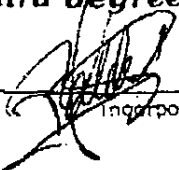
Required Signatures:

Having been named as registered agent to accept service of process for the above-stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent: _____ Date _____

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Incorporator: _____ Date _____

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