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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SUNSHINE GENERAL MEDICINE CENTER INC.**

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

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

APPROVED BY: 002/003
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ARTICLE I NAME: The name of the corporation is:

Sunshine General Medicine Center Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

10242 NW 47 street, Suite # 38
SUNRISE, FL 33351

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Angel M. Galvez Godinez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

ANGEL M. GALVEZ GODINEZ
10242 NW 47 STREET Suite #38
SUNRISE FL 33351

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

ANGEL M. GALVEZ GODINEZ
10242 NW 47 STREET Suite
SUNRISE, FL 33351 #38

H15000136331

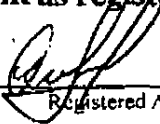
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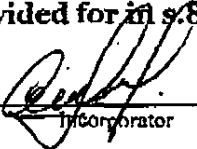
Required Signatures:

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

H15000136331