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**Florida Department of State
Division of Corporations
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To:

**Division of Corporations
Fax Number : (850)617-6381**

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**FLORIDA PROFIT/NON PROFIT CORPORATION
OROCARE MEDICAL CENTER, CORP**

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

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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:OROCARE MEDICAL CENTER, Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8890 SW 24th Suite 211
Miami, FL 33165**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Pablo Orozco (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Pablo Orozco
8890 SW 24 ST Suite 211
Miami FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Pablo Orozco
8890 SW 24 ST Suite 211
Miami FL 33165SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 30 PM 3:02


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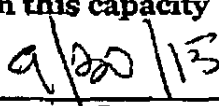
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Required Signatures:

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

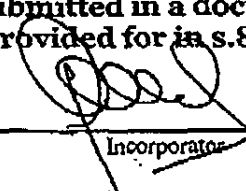


Registered Agent




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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