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FLORIDA PROFIT/NON PROFIT CORPORATION SCT MEDICAL CENTER INC

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T. SCOTT

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April 20, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: SCT MEDICAL CENTER INC

REF: W18000037686

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.

http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abb reviations/

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H18000124362 Letter Number: 718A00008060

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE 1 NAME: The name of the corporation is: | |
|----------------------------------------------------------------------------------------------|----|
| SC+ Medical Center INC | |
| ARTICLE II PRINCIPAL OFFICE: | |
| The principal street address and mailing address is: | |
| 6547 (oxal way Minui F/ 33155 | |
| | |
| | |
| ARTICLE III SHARES: The number of shares of stock is: | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | |
| Amaya Andria Aquilera BARLy (P) | |
| * S 20 | |
| CRE A | - |
| ASS. | |
| | IT |
| SE S | O |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: | |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: | |
| HMaya Andria Aquilera Rach | |
| 6541 Corgi way | |
| Micmi FL 33155 | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: AMONG ANDRIG AGUITERS | |
| 6547 COOL Wax | |
| Migmi FL 33155 | |
| | |

Date

Required Signatures:

| Having been named as registered agent to accept service of process for the above state corporation at the place designated in this certificate, I am familiar with and accept the | ed |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| appointment as registered agent and agree to act in this capacity | 116 |
| | |

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.

