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Florida Department of State
Division of Corporations
Fax Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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FLORIDA PROFIT/NON PROFIT CORPORATION
RUIZ MEDICAL CENTER CORP

Certificate of Status	0
Certified Copy	1
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K. Brumbley

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Ruiz Medical center Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1275 West 47 th place ste 108
Hialeah Fl 33012

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Boris Duarte Gómez (P)

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

BORIS DUARTE GOMEZ
1275 WEST 47th PLACE SUITE 108
HIALEAH FL 33012

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

BORIS DUARTE GOMEZ
1275 WEST 47th PLACE SUITE 108
HIALEAH FL 33012

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

X _____ _____
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.

X _____ _____
Incorporator Date