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**Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
HUMANITARY MEDICAL CENTER, INC.**

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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ARTICLE I NAME: The name of the corporation is:HUMANITARY Medical Center, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3621 SW 109 AVEMIAMI, FL 33165**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ELIECER GONZALEZ (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

ELIECER GONZALEZ3621 SW 109 AVEMIAMI FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ELIECER GONZALEZ3621 SW 109 AVEMIAMI FL 33165

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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