

P20000032839

## Florida Department of State

Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
GIANA MEDICAL CENTER CLINICA HISPANA CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
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DIVISION OF CORPORATIONS  
20 MAY - 1 PM 2:23

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MAR 01 2020

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:GIANA MEDICAL CENTER CLINICA HISPANA CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

304 PERLITA AVELEHIGH ACRES FL 33974FILED  
STAFF OF THE  
DIVISION OF CORPORATIONS

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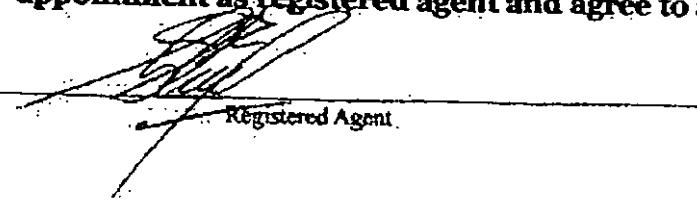
**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ANA IVIS CABRERA GONZALEZ (P)GISELA SOSA (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

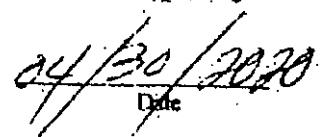
The name and Florida street address (PO Box not acceptable) of the registered agent is:

GISELA SOSA304 PERLITA AVELEHIGH ACRES, FL 33974**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ANA IVIS CABRERA GONZALEZ304 PERLITA AVELEHIGH ACRES FL 33974

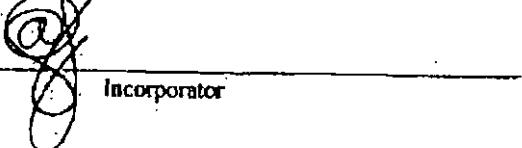
**Required Signatures:**

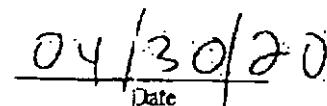
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
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