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**FLORIDA PROFIT/NON PROFIT CORPORATION
BEST CHOICE TREATMENT & MEDICAL CENTER INC**

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

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T. SCOTT

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Best Choice treatment & medical Center INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14330 SW 159 St
Miami, FL 33177**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Anielka M. Castillo (VP)
Gisela F. Medrano (P)

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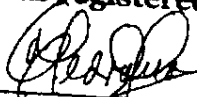
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

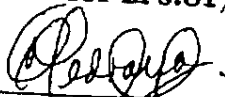
14330 SW 159 St
Miami, FL 33177
Gisela F. Medrano**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Gisela F. Medrano
14330 SW 159 ST
Miami FL 33177

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