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## FLORIDA PROFIT/NON PROFIT CORPORATION ADVENTURE MEDICAL CENTER INC

Certificate of Status	0
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## ARTICLES OF INCORPORATION

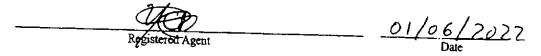
In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

Hoventure medical center Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  11800 SW 182nd terr mani F( 3317)
ARTICLE III SHARES: The number of shares of stock is:
Yasnoy castro (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:
11800 Sw 182 nd terr miamif
33177
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:  YCSNOJ COSTYO  11800 SW 182nd terr miam; F1 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 apacity



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.

