

03/14/95

FAS-T CORP. AGENTS, INC.

005-92-9591

P95000020784

3/14/95

3/14/95

FLORIDA DIVISION OF CORPORATIONS

2:06 PM

PUBLIC ACCESS SYSTEM

((H95000002920))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: FAS-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166-

TALLAHASSEE, FL 32399

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

PHONE: (305) 599-0839

FAX: (305) 592-9591

((H95000002920))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: PRINCIPAL MEDICAL CENTER, INC.

FAX AUDIT NUMBER: H95000002920

CURRENT STATUS: REQUESTED

DATE REQUESTED: 03/14/1995

TIME REQUESTED: 14:06:08

CERTIFIED COPIES: 0

CERTIFICATE OF STATUS: 1

NUMBER OF PAGES: 3

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$78.75

ACCOUNT NUMBER: 071001002335

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

((H95000002920))

RECEIVED
TALLAHASSEE, FLORIDA

03/14/95 PM 4:16

FILED

[Handwritten signature]
3/15

90-0-00-00000000

H95000002920

**ARTICLES OF INCORPORATION
OF
PRINCIPAL MEDICAL CENTER, INC.**

FILED
95 MAR 14 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be

PRINCIPAL MEDICAL CENTER, INC.

The principal place of business of this corporation shall be:

28722 S. DIXIE HWY, MIAMI, FL 33033

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other State, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 Shares at \$1.00 per Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Niols A. Moreno 28722 South Dixie Hwy, Miami, FL 33033 President

Prepared by: Niols A. Moreno
28722 S. Dixie Hwy
Miami, FL 33033
(305) 267-8730

H95000002920

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

NIOLIS A. MORENO

28722 S. DIXIE HWY, MIAMI, FL 33033

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 14th day of MARCH, 1995

Signature(s) of Incorporator(s)
Niolis A. Moreno

STATE OF FLORIDA

COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this _____

day of _____, 19____, by _____
(Name of Incorporator)

of _____
(Name of Corporation)

Notary Public

My commission expires: _____

H95000002920

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: PRINCIPAL MEDICAL CENTER, INC.

2. The name and the address of the registered agent and office is:

NIOLIS A. MORENO 28722 S. DIXIE HWY. MIAMI, FL 33033

SIGNATURE

*Niolis A. Moreno*TITLE PRESIDENTDATE 3-14-95FILED
95 MAR 14 PM 4:16
SECRETARY OF STATE
ALLAHASSEE FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

*Niolis A. Moreno*DATE 3-14-95

H95000002920