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((H95000003275)) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: J. ROMAY HEALTH CENTER, INC.
DEPARTMENT OF STATE 1393 B.W. 1ST SUITE 360
STATE OF FLORIDA MIAMI FL 33135- 9-0000
409 EAST GAINES STREET
TALLAHASSEE, FL 32399 CONTACT: ROLANDO TRUJILLO
FAX: (904) 922-4000 PHONE: (305) 541-0790
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((H95000003275)) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: J. ROMAY HEALTH CENTER, INC.
FAX AUDIT NUMBER: H95000003275 CURRENT STATUS: REQUESTED
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ARTICLES OF INCORPORATION OF

J. ROMAY HEALTH CENTER, INC.

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

ARTICLE I. NAME

The name of the corporation shall be: J. ROMAY HEALTH CENTER, INC.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1393 S.W. 1 Street, Suite 360
Miami, FL 33135

ARTICLE III. SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares of Common Stock, \$1.00 Par Value.

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dennis P. Lindo
1393 S.W. 1 Street, Suite 360
Miami, FL 33135

PREPARED BY:
DENNIS P. LINDO
1393 S.W. 1ST SUITE 360
MIAMI, FL 33135
305-643-2229

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ARTICLE V INCORPORATION

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Dennis P. Lindo, President
1393 S.W. 1 Street, Suite 360
Miami, FL 33135

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10 day of March, 1995.


Signature

Signature

Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: J. ROMAY HEALTH CENTER, INC.

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

Dennin P. Lindo

(Name)

1393 S.W. 1 Street, Suite 360

(P.O. Box not acceptable)

Miami, FL 33135

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

March 10, 1995

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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