

P95000036060

Jon W. F. Kuiken
507 E 9th Street
Tallahassee, FL 32309

May 3, 1995

Secretary of State
State of Florida
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32311

Re: Independence Medical Center, Inc.

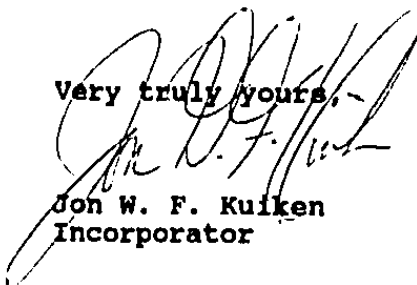
Dear Madam/Sir:

800001484438
-05/11/95--01029--022
***122.50 ***122.50

Enclosed herewith for filing is an original and one copy of the Articles of Incorporation for Independence Medical Center, Inc. together with our check in the amount of \$122.50.

I have enclosed a return Fedex envelope so please send us a certified copy of the Articles as soon as they have been filed.

Very truly yours,



Jon W. F. Kuiken
Incorporator

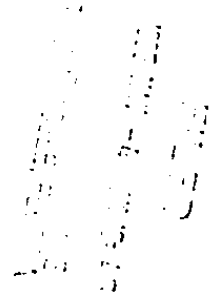
JWFK/lp

Enclosures



P.R.

SDG



ARTICLES OF INCORPORATION
OF
INDEPENDENCE MEDICAL CENTER, INC.

I, the undersigned, hereby make, subscribe, acknowledge, and file these Articles of Incorporation for the purpose of becoming a corporation under the laws of the State of Florida.

ARTICLE I

IDENTIFICATION

The name of this corporation is INDEPENDENCE MEDICAL CENTER, INC.

ARTICLE II

DURATION

The corporation shall have perpetual existence which shall commence at the date of the filing of these Articles with the Secretary of State.

ARTICLE III

PURPOSES

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV

AUTHORIZED SHARES

The capital stock of this corporation shall consist of 3,000 Shares of Common Stock of One Dollar (\$1.00) par value each, all or part of said stock to be issued from time to time as may be determined by the Board of Directors. There shall be no preemptive right granted to the stockholders with respect to the shares of the

corporation. On dissolution or liquidation of the corporation, holders of the stock shall be entitled to distribution ratably as their holdings may appear upon the stock record of the corporation.

ARTICLE V

REGISTERED AGENT AND OFFICE

The initial registered agent of this corporation and his address is as follows: JON W.F. KUIKEN - 507 EAST 9TH STREET, HIALEAH, FL 33010. The principal office is the same.

ARTICLE VI

BOARD OF DIRECTORS

1. The number of Directors of this corporation shall not be less than one (1) nor more than five (5).

2. The corporation shall initially have one Director. Her name and address is as follows: JON W.F. KUIKEN - 507 EAST 9TH STREET, HIALEAH, FL 33010.

ARTICLE VII

INCORPORATOR

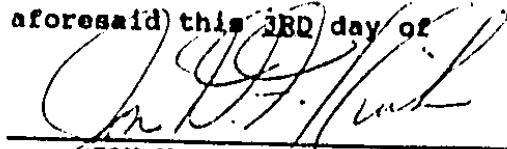
The name and address of the Incorporator of these Articles of Incorporation is as follows: JON W.F. KUIKEN - 507 EAST 9TH STREET, HIALEAH, FL 33010.

ARTICLE VIII

ADDITIONAL PROVISIONS

No other provisions shall be set forth in these Articles of Incorporation for the regulation of the business and/or the conduct of affairs.

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Incorporation at Miami, Dade County, Florida, for the uses and purposes aforesaid) this 3RD day of MAY, 1995.



JON W.F. KUIKEN
Incorporator

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared, JON W.F. KUIKEN, who is to me well known to be the person described in and who subscribed the above and foregoing Articles of Incorporation, and he has freely and voluntarily acknowledged before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

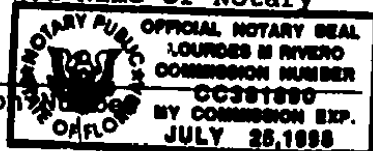
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at Miami, Dade County, Florida, on this 3RD day of MAY, 1995.



NOTARY PUBLIC, State of Florida
LOURDES M. RIVERO

(Print, Type, or Stamped
Commissioned Name of Notary
Public)

Commissioned



Personally Known or
Produced Identification _____
Type of Identification Produced: _____

Did Take Oath _____ or Did Not Take Oath

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS
STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

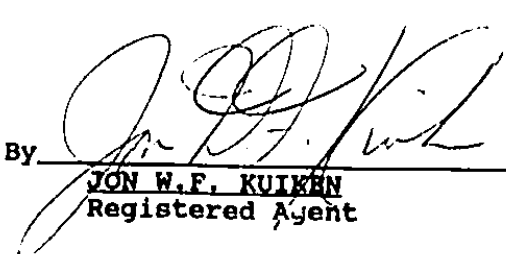
In pursuance of Chapter 607, Florida Statutes, the following is submitted in compliance with said Act:

INDEPENDENCE MEDICAL CENTER, INC., desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation in Dade County, Florida, has named JON W.F. KUIKEN, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above-stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and I agree to comply with the provision of said Act relative to keeping open said office.

By


JON W.F. KUIKEN
Registered Agent