(Requestor's Name 890 S.W. 87 AVENT	E INDUSTRIES, INC. UE, SUITE: 16 33174 (305)552-5973	OFFICE USE ONLY	11 - 35 - 1965 a	
(904)385-6715		8.311 - USA	n Julio (1 %) /16/95010 (*122.50 *	63 1 (8) 22 (8) (18 11 4 4 4 4 1 2 2 3 1 1
	DINT MICH	ER(S) (if known):		
3.	on Name)	(Document #)		-
(Corporation)	on Name)	(Document #)		-
4.· (Corporati	on Nama)	(Document #)		-
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Mail out W	/ill wait Photocopy	Certificate of Status	95 AUS	2 (m)
NEW FILINGS	AMENDMENTS		<u> </u>	*
Profit	Amendment		(/) E3	r P & Language
NonProfit	Resignation of R.A., Officer/	Director		
Limited Liability	Change of Registered Agent]		
Domestication	Dissolution/Withdrawal			
Other	Merger	511		
OTHER FILINGS	REGISTRATION/ QUALIFICATION	<i>/! '</i>		
Annual Report	Foreign			
Fictitious Name	Limited Partnership			
Name Reservation	Reinstatement			

Examiner's Initials

CR2E031(10/92)

Trademark

Other

ARTICLES OF INCORPORATION

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 ba:BIRD POINT MEDICAL CENTER, CORP.

ARTICLE IL PRINCIPAL OFFICE

L .)

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

13385 SW 42 STREET MIAMI FLA. 33175

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: MARINO PI.

13385 SW 42 STREET MIAMI FLA. 33175.

AUTICLE V INCORPORATORISI

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

MARINO R. PI.

P, VP, S, T.

13385 SW 42 STREET MIAMI FLA. 33175

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

9 th: day of August , 19 95.

Making Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: BTRD POINT MEDICAL CENTER, CORP.
	The name and address of the registered agent and office is:
2.	The name and address of the registeres desires
	MARINO PI.
	MARINO PI. (NAME)
	13385 SW 42 STREET (P.O. BOX NOT ACCEPTABLE)
	MIAMI FLA. 33175.
	(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 MORINO F	<u> </u>	
(01 0 /05)		
DATE <u>08/09/95</u>	01 SNV 96	1
[취임]	<u> </u>	्य ्यम् च द्वे
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REGISTERED AGENT FILING FEE: \$35.00