STORMONT FL 32399 CONTACT: RAY (904) 922-4000 PHONE: (305) 541-3694 FAX: (305) 541-3770 FLORIDA PROFIT CORPORATION OR P.A. (((H95000010093))) DOCUMENT TYPE: NAME: PALMETTO NORTH HEALTH CENTER, INC.

JMBER: H950C0010093 CURRENT STATUS: REQUESTED FAX AUDIT NUMBER: H950CF010093 TIME REQUESTED: 16:07:46 DATE REQUESTED: 09/11/1995 CERTIFICATE OF STATUS: 0 CERTIFIED COPIES: 1 METHOD OF DELIVERY: FAX NUMBER OF PAGES: 4 ACCOUNT NUMBER: 072450003255 ESTIMATED CHARGE: \$122.50 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. (((H95000010093))) ** ENTER 'M' FOR MENU. ** ENTER SELECTION AND COR : NUM CAPS Connect: 00:16:0 Help F1 Option Menu F2



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 12, 1995

EMPIRE CORPORATE KIT COMPANY 1492 W FLAGLER ST STE 200 MIAMI, PL 33135

SUBJECT: PATE TO NORTH HEALTH CENTER, INC.

REF: W9500/ 313

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Terri Buckley Corporate Specialist FAX Aud. #: H95000010093 Letter Number: 695A00041942

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

OF

PALMETTO NORTH HEALTH CENTER, INC.

The name of the corporation is: PALMETTO NORTH HEALTH CENTER, INC.

ARTICLE I

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE II

The maximum number of shares of capital stock that the corporation is authorized to issue is FIVE HUNDRED (500) shares, \$1.00 par value each share.

ARTICLE III

The corporation shall have perpetual existence unless sooner dissolved according to law.

ARTICLE IV

The name and street address of the person signing these Articles of Incorporation is:

NAME

ADDRESS

ARTURO GODINEZ

16500 N.W. 84 Avenue Miami, Florlda 33016

ARTICLE V

The principal office of the corporation shall be located at: 3750 West 16 Avenue, Apartment 206, Hialeah, Florida 33012.

ARTICLE VI

The corporation shall have one (1) director initially. The number of directors of the Corporation may either increase or diminish from time to time by the By-Laws, but shall never be less than one (1) director. The names and addresses of each member of the initial Board of Directors who shall hold office for the first year of existence of the corporation or until his or her successor(s) are elected or appointed and qualified, are:

NAME

ADDRESS

ARTURO GODINEZ

16500 N.W. 84 Avenue Miami, Florida 33016

ELENA DE SOCARRAZ, ESD. FL. BAR NO 599920 800 DOCLELAS RD. #160 BLG B ORAL GABLES, FL 33134 (305) 443.1304

ARTICLE VII

The street address of the initial registered office of the corporation is: 800 Douglas Road, Suite 160, Building B, Coral Gables, Florida 33134, and the name of the initial registered agent of the corporation at that address is: ELENA DE SOCARRAZ.

IN WITNESS WHEREOF, the	se Articles of Incorporation have been executed on this
11 day of <u>SEPT</u>	_, 1995.
•	- 5
	ARTURO GODINEZ
	•
STATE OF FLORIDA)	
COUNTY OF DADE) SS:	•
I HEREBY CERTIFY that ART	UKO GODINEZ, to me personally known or who have
produced	as identification, this day acknowledged before me that
he executed the foregoing Articles of Incorporation; and I FURTHER CERTIFY that said person	
making said acknowledgement to be the	individual described herein and who executed the said
Instrument.	
WITNESS my hand and seal in the County and State aforesaid, this 14 day of	
SEPTEMBER, 1995.	
	Turden Br. 1 -
•	NOTARY PUBLIC.
	STATE OF FLORIDA AT LARGE
My Commission Expires:	
	LOUINDES ABRAYLAM MY CONANCENM OC ZUROCH EMMER: June 19, 16-77

CERTIFICATE OF SERVICE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE LERVED

IN COMPLIANCE with Section 48.091, Florida Statutes, the following is submitted:

FIRST: That PALMETTO NORTH HEALTH CENTER, INC., desiring to organize or
qualify under the laws of the State of Florida, with its principal place of business in the County
of Dade, State of Plorida, has named ELENA DE SOCARRAZ, 800 Douglas Road, Suite 160,
Bullding B, Coral Gables, Florida 33134, to accept service of Process within the State of
Florida.

ARTURO GODINEZ Incorporator

9/14 1995.

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.

ELENA DE SOCARRAZ

Registered Agent/

, 1995.