# 1796 0000 17035

FEB. 7TH, 1996



SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32301

Re: ARTICLES OF INCORPURATION GREATER MEDICAL CENTER, INC.

Dear Sirs,

200001720182 -02/21/96--01030--002 ++++122.50 ++++122.50

Enclosed you will find my check in the amount of \$122.50 which pays the filling fee, Resident agent fee, and certified copy of the Articles of Incorporation included herein.

Thank you for your consideration in this matter, and if you have any questions, please contact me immediately.

Very truly yours,

DALIA MELENDEZ-

1336 SO. MILITARY TR. SUITE F

WEST PALM BEACH, FL 33415

(407) 964-1030

#### ARTICLES OF INCORPORATION

OF

GREATER MEDICAL CENTER, INC.

ARTICLF I

NAME

The name of this Corporation shall be :

GREATER MEDICAL CENTER, INC.

#### ARTICLE II

#### PURPOSE

This corporation is organized for the purpose of operating as a MEDICAL CENTER and transacting any and all lawful business.

## ARTICLE III

#### CAPITAL STOCK

This corporation is authorized to issue 1000 shares of \$1.00 par value common stock.

#### ARTICLE IV

## INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office and registered office of this corporation is 1748 SHOWER TREE WAY WELLINGTON, FLORIDA 33460 and the name of the initial registered agent of this corporation at the above address is: ROBERTO GONZALEZ



#### ARTICLE V

#### DIRECTORS

This corporation shall have one (2) Director(s) initially. The number of Directors may be either increased or diminished from time to time by-laws but shall never be less than one. The name and address of the initial Director(s) of this corporation are:

ROBERTO GONZALEZ 1748 SHOWER TREE WAY WELLINGTON , FL. 33414 KARINA PERRY GONZALEZ 1748 SHOWER TREE WAY WELLINGTON, FL. 33460

#### ARTICLE VI

## INCORPORATORS

This name and address of the person signing these Articles are:

ROBERTO GONZALEZ 1748 SHOWER TREE WAY WELLINGTON, FL. 33414

KARINA PERRY GONZALEZ 1748 SHOWER TREE WAY WELLINTON, FL. 33414

#### ARTICLE VII

### **POWERS**

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

#### ARTICLE VIII

# INDEMNIFICATION

The corporation shall indemnify any officer or director or forms officer former director to the full extent permitted by law.

# ARTICLE IX

#### **MENDMENT**

This corporation reserves the right to smend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this TTN OF FEB. 1996.

ROBERTO GONZALEZ

PRESIDENT

KNRINA PERRY GONZALEZ

COUNTY OF PALM BEACH STATE OF FLORIDA

I HEREBY CERTIFY that on this 7TH DAY OF FEB. 1996 personally appeared before me, the undersigned authorities, ROBERTO GONZALEZ AND KARINA PERRY GONZALEZ to me well known and known to me to the individuals described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.

DATIA MELENDEZ

NOTARY PUBLIC, STATE OF FLA.

MY COMMISSION EXPIRES:



CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED;

GREATER MEDICAL CENTER, INC.

DESIRING TO ORGANIZE OR QUALITY UNDER THE LAWS OF THE STATE OF FLORIDA.

WITH ITS PRINCIPAL PLACE OF BUSINESS AT 1748 SHOWER TREE WAY CITY OF WELLINGTON, COUNTY OF PALM BEACH, STATE OF FLORIDA. AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND I HEREBY COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE I

DATE

2/07/96