D9600032719 TRANSMITTAL LETTER

-04/10/96--01076--015 ****131.25 ****131.25

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: GIBARA MEDICAL CENTER INC

		& Certificate	
	A ALVAREZ inted or typed)		es 223 1
1545 N	11LLER RD.		
CORAL G	ABLES FC.	C:	
	City, S	City, State & Zip	City, State & Zip

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

ARTICLES OF INCORPORATION OF

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GIBARA MEDICAL CENTER INC.

ARTICLE ONE

THE NAME OF THE CORPORATION IS GIBARA MEDICAL CENTER INC.

253 R R SOUTH WEST 22ND AVENUE; MIAMI, FLORIDA 33135 ARTICLE TWO

THE PERIOD OF ITS DURATION IS PERPETUAL.

ARTICLE THREE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA CORPORATION ACT.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION SHALL HAVE AUTHORITY TO ISSUE IS "ONE HUNDRED (100) OF THE PAR VALUE OF DOLLARS (\$ 00.00) EACH.

ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE BUSINESS UNTIL IT HAS RECEIVED FOR THE ISSUANCE OF SHARES CONSIDERATION OF THE VALUE OF \$1,000.00 CONSISTING MONEY, LABOR DONE OR PROPERTY ACTUALLY RECEIVED.

ARTICLE SIX

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS 1545 MILLER RD. CORAL GABLES. FL 33146. AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS ANTONIO A. ALVAREZ.

ARTICLES OF INCORPORATION

OF

GIBARA MEDICAL CENTER.

ARTICLE SEVEN

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS IS 3 (THREE) AND THE NAMES AND ADDRESSES OF THE PERSON OR PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE FIRST ANNUAL MEETING OF THE SHAREHOLDERS OR UNTIL THEIR SUCCESSORS ARE ELECTED AND QUALIFIED ARE:

NAME

ALICIA A ALVAREZ JORGE LUIS RODRIGUEZ JR. MAILING ADDRESS

1545 MILLER RD.CORAL GABLES.FL 33146 10333 SW 6ST. MIAMI FL 33174 *\frac{1}{2}*:

ARTICLE EIGHT

THE BOARD OF DIRECTORS IS EMPOWERED TO MAKE, ALTER OR REPEAL THE BYLAWS OF THE CORPORATION WITHOUT RESTRICTION OF THEIR POWERS CONFERRED BY STATUTE.

ARTICLE NINE

THE NAME AND ADDRESS OF EACH INCORPORATOR IS:

NAME

MAILING ADDRESS

ALICIA A ALVAREZ

1545 MILLER RD.CORAL GABLES. FL 33146

JORGE LUIS RODRIGUEZ JR.

10333 SW. 6 ST. MIAMI. FL 33174

TNCORPORATOR

ARTICLE TEN.

THE POWERS OF THE INCORPORATORS CEASE UPON FILING OF THE ARTICLES OF INCORPORATION.

CERTIFICATE OF DESIGNATION 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: GIBARA MEDICAL CENT (must include suffix)	ER	INC	<u>. </u>
•	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	O. W.	
2. The name and address of the registered agent and office is: ANTONIO A ALVAREZ. (Name)	Master Florida	110 出915	1000 00 00 00 00 00 00 00 00 00 00 00 00
(Street address - P. O. Box not acceptable) CORAL GABLES. FL. 33146 (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)

4-5-96. (Date)