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TO: DIVISION OF CORPORATIONS FROM: ... CORP AGENTS INC

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409 EAST GAINES STREET MIAMI FL 33166-

TALLAHASSEE, FL 32399 CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000 PHONE: (305) 599-0839

FAX: (305) 592-9591

(((H96000005725))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: ALPHA-OMEGA MEDICAL CENTER, INC.

FAX AUDIT NUMBER: H96000005725 CURRENT STATUS: REQUESTED

DATE REQUESTED: 04/23/1996 TIME REQUESTED: 15:02:35

CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 1

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4/23

H96000005725

ARTICLES OF INCORPORATION
OF
ALPHA-OMEGA MEDICAL CENTER, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be: ALPHA-OMEGA MEDICAL CENTER, INC.

The Address of the corporation shall be: 6290 SW 24 STREET, MIAMI, FL. 33155

ARTICLE II NATURE OF BUSINESS

This Corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is 1500 shares of Common stock, par value of $1.00.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name and street address of the initial officer and director, in any, who shall hold office the first year of the corporation's existence of until their successor is elected is:

SERGIO ARMANDO RIVAS
6290 SW 24 STREET
MIAMI, FLORIDA 33155
591-37-4559
500 Shares

HECTOR LOZADA
7380 SW 35 STREET
MIAMI, FLORIDA 33155
265-95-9329
1000 Shares

ARTICLE VI INCORPORATOR (S)

The name and street address of the incorporator to this articles of incorporation is:

SERGIO ARMANDO RIVAS
6290 SW 24 STREET
MIAMI, FL. 33155

Prepared by: Julio E. Rodriguez
2658 NW 74th Ave.
Miami, FL 33122
(305) 597-7043

IN WITNESS WHEREOF, the undersigned incorporator has executed these articles of incorporation this 23 day of April of 1996.

Incorporator's signature

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 23 day of April of 1996 by Sergio D. Rivas of Adaptus Omega Medical Center, Inc.

YOLANDA JARAMILLO
NOTARY PUBLIC
My commission expires

YOLANDA JARAMILLO
Notary Public, State of Florida
My Comm. expires Aug. 26, 1999
No. CC456792
Bonded Thru Official Notary Service
1-(800) 723-0121

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CERTIFICATION OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: ALPHA-OMEGA MEDICAL CENTER, INC.

2. The name and address of the registered agent and office is:

SERGIO ARMANDO RIVAS
6290 SW 24 STREET
MIAMI, FL. 33155

Signature Corporate Officer
President

Dated: APRIL 23, 1996

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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE OF REGISTERED AGENT

FILED

DATED: APRIL 23, 1996