

796 0000 555 30

Juan J. Molina
 Requestor's Name
 4999 W. 8th Ave, Ste 203
 Address
 MIAMI FL 33012
 City/State/Zip Phone #

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 06/20/96 11049-001
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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SOUTH FLORIDA SURGICAL & MEDICAL CENTER, INC.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R A , Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 96 JUN 27 PM 1:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

7-1-96
 Examiner's Initials YCF

ARTICLES OF INCORPORATION

of

SOUTH FLORIDA SURGICAL & MEDICAL CENTER, INC

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

SOUTH FLORIDA SURGICAL & MEDICAL CENTER, INC

FILED
SEP 27 1978
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE DOLLAR Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME JUAN J. MOLINA		
ADDRESS 6683 S.W. 133rd. CT		
CITY MIAMI	FLORIDA	ZIP 33183

The principal office, if known, or the mailing address of the corporation is:

NAME SOUTH FLORIDA SURGICAL & MEDICAL CENTER, INC.		
ADDRESS 4999 WEST 8th. AVE SUITE 23		
CITY HIALEAH	FLORIDA FLORIDA	ZIP 33012

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME JUAN JOSE MOLINA		
ADDRESS 6683 S.W. 133rd CT.		
CITY MIAMI	STATE FL	ZIP 33183
NAME ERNESTO CARRALERO		
ADDRESS 160 W. 31st. ST		
CITY HIALEAH	STATE FLORIDA	ZIP 33010
NAME		
ADDRESS		
CITY	STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME: <u>JUAN J. MOLINA</u>			
ADDRESS: <u>6083 S.W. 133rd, CT</u>			
CITY: <u>MIAMI</u>	STATE: <u>FLORIDA</u>	ZIP: <u>33183</u>	
NAME: <u>ERNESTO CARRALERO</u>			
ADDRESS: <u>160 W. 31st, RT</u>			
CITY: <u>MIAMI</u>	STATE: <u>FLORIDA</u>	ZIP: <u>33010</u>	
NAME: _____			
ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 21st day of JUNE, 19 96.

_____ (Seal)
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
 COUNTY OF DADE) SS

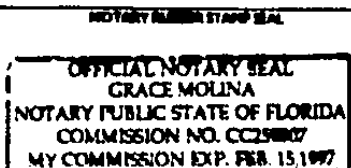
before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

JUAN J. MOLINA [Signature] FL DL M450-430-49-290-0
 _____ Form of Identification

ERNESTO CARRALERO [Signature] FL DL C-646-213-35-411
 _____ Form of Identification

_____ Signature _____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that THEY executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath was not taken.



Witness my hand and official seal in the County and State last aforesaid this 21 day of June, 19 96.

 Notary Signature
GRACE MOLINA
 Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGMENT
OF REGISTERED AGENT**

CERTIFICATE OF REGISTERED AGENT

OF

SOUTH FLORIDA SURGICAL & MEDICAL CENTER, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 4999 WEST 8th, AVE SUITE 23

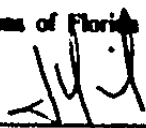
HAIALEAH FLORIDA 33012

has named JUAN J. MOLINA

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.



(registered agent)

96 JUN 27 PM 1:19
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P96000055530

10512 W. F. HAGER ST
MIAMI, FL 33174

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

Vertical stamp: 09 AUG 19 11 06 AM '96

- Walk in, Mail out, Pick up time, Will wait, Certified Copy, Photocopy, Certificate of Status

Table with 2 columns: NEW FILINGS, Profit, NonProfit, Limited Liability, Domestication, Other

Table with 2 columns: AMENDMENTS, Amendment, Resignation of R.A., Officer/ Director, Change of Registered Agent, Dissolution/Withdrawal, Merger

Table with 2 columns: OTHER FILINGS, Annual Report, Fictitious Name, Name Reservation

Table with 2 columns: REGISTRATION/ QUALIFICATION, Foreign, Limited Partnership, Reinstatement, Trademark, Other

N. HENDRICKS AUG 21 1996

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

96 AUG 19 11 03 28
SECRET
DALLAS

SOUTH FLORIDA SURGICAL & MEDICAL CENTER, INC.
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

PLEASE CHANGE THE PRESENT ADDRESS OF THE CORPORATION FROM 4999 W. 8TH AVE., HIALEAH, FLORIDA, 33012, THE NEW ADDRESS IS:

10512 WEST FLAGLER STREET, MIAMI, FLORIDA 33174

PLEASE REMOVE THE NAME OF THE PRESENT DIRECTOR, ERNESTO CARRALERO FROM THE CORPORATION

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 8-16-96

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 16th day of August, 1996

Signature JM PRESIDENT
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

JUAN J. MUKINA
Typed or printed name

PRESIDENT
Title

P96000055530

S. Fla Surgeon
P.O. Box 4005
Miami, Fla 33265

FILED
97 FEB 24 AM 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

V8 FEB 27 1997

Amend

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
97 FEB 24 AM 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SOUTH FLORIDA SURGICAL & MEDICAL CENTER, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

PLEASE CHANGE THE PRESIDENT TO

JOSE LOPEZ

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

N/A

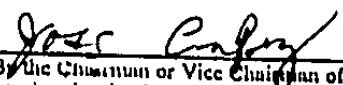
THIRD: The date of each amendment's adoption: FEBRUARY 20th, 1997

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 20th day of FEBRUARY, 1997

Signature 
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

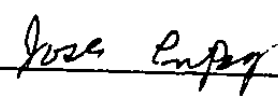
OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

JOSE LOPEZ
Typed or printed name


Title

P96 0000 555 30

S. Fla Surgical
P.O. Box 654005

Miami, Fla

33265, (if known):

Office Use Only

- 1. _____ (Corporation Name) (Document #)
- 2. _____ (Corporation Name) (Document #)
- 3. _____ (Corporation Name) (Document #)
- 4. _____ (Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Certified Copy
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Corporation-886
Linda

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97 MAR 18 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
97 MAR 18 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SOUTH FLORIDA SURGICAL & MEDICAL CENTER, INC.
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

PLEASE CHANGE THE PRESIDENT TO
ROBERTO ARREGOITIA

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

R/A

THIRD: The date of each amendment's adoption: MARCH 7, 1997

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
voting group

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 7th day of MARCH, 19 97

Signature Roberto Arregoitia
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

ROBERTO ARREGOITIA
Typed or printed name

PRESIDENT
Title

P960000 55530

Requestor's Name
 P.O. Box 4005
 Milton, FL 33265

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Amend

Examiner's Initials	LFJ
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FILED

97 JUN 12 AM 11:06

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SOUTH FLORIDA SURGICAL & MEDICAL CENTER, INC.

(present name)

Pursuant to the provisions of section 607.1096, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

PLEASE REMOVE ROBERTO ARREGOTIA AS
PRESIDENT, ALSO REMOVE JUAN JOSE MOLINA
AS DIRECTOR.

PLEASE ADD ALVIN R. MARTINEZ, AS
PRESIDENT OF THE CORPORATION.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

N/A

THIRD: The date of each amendment's adoption: MAY 15, 1997

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
voting group

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 15TH day of MAY, 1997.

Signature Alvin R. Martinez
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Alvin R. Martinez
Typed or printed name

PRESIDENT
Title