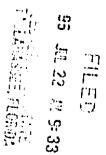
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

for:



D & D MEDICAL CENTER, INC. (Proposed corporate name - must include suffix)

10000190091 -07/23/96--01005--006 ****131.25 ****131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check \$70.00 **\$78.75** \$122.50 kx \$131.25 Filing Fee & Certificate Filing Fee Filing Fee & Certified Copy Filing Fee, Certified Copy & Certificate Additional Copy Required DIANE LENOIR FROM: Name (printed or typed) 18908 WEST LAKE DR. Address MIAMI, FLORIDA 33015 City, State & Zip (305)829-6222 Daytime Telephone number

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

ML 7-23-96

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

D & D MEDICAL CENTER, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

2344-46 N.W. 7TH. STREET MIAMI, FLORIDA 33125

ARTICLE III SHARES

The number of shares of stock their is corporation is authorized to have outstanding at any one time is:

ONE HUNDRED (100) SHARES OF COMMON STOCK EACH SHARES HAVING A PAR VALUE OF FIVE (5.00) DOLLARS.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

DIANE LENOIR 18908 WEST LAKE DR. MIAMI, FLORIDA 33015

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PRESS.

DIANE LENGIR

18908 WEST LAKE DR.
MIANI, FLORIDA 33015

DAYANA TURBIDES
510 N. BISCAYNE RIVER DR.
MIAMI, FLORIDA 33169

DIANE LENOTR
18908 WEST LAKE DR.
MIAMI, FLORIDA 33015

DAYANA TURBIDES
510 N. BISCAYNE RIVER DR.
MIAMI, FLORIDA 33169

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
17TH. day of JUL", 1996.
(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAV/S 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:	D	K	D		MED1CAL	CENTER,	1NC.			1 6
2.	The name and address of the regist	ere	ed a	gei	nt	t and office	is:	<u>, </u>		ieres y a h,	
	DIANE LEN		OIR (NAME) T LAKE DR.				96 JEL 2	71			
	(P.O. Bo						ACCEPTABLE)		SEE FLOR	22 🖽 9:	in O
			(Crr	Ý/	STATE/ZIP)			ORDA	ယ	

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.

Mare Leneir 07-17-96
(SIGNATURE) (DATE)