

P96 000090112

OCTOBER 11 ,1996

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 NOV -4 AM 8:54

Re: ARTICLES OF INCORPORATION  
LA FAMILIA MEDICAL CENTER Inc.

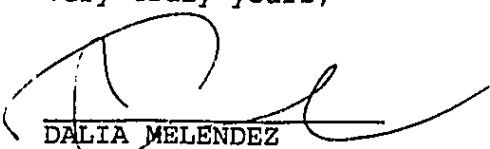
900001984219--5  
-10/23/96--01065--006  
\*\*\*\*122.50 \*\*\*\*122.50

Dear Sirs,

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  
680-50. MILITARY TR. SUITE B  
WEST PALM BEACH, FL 33415  
(561)478-1777

W96-22681  
ST  
11/5



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 24, 1996

DALIA MELENDEZ  
680 S. MILITARY TR., STE. B  
WEST PALM BEACH, FL 33415

SUBJECT: LA FAMILIA MEDICAL CENTER INC.  
Ref. Number: W96000022681

We have received your document for LA FAMILIA MEDICAL CENTER INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide an English translation for the entity's name in your cover letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6924.

Sharon Tala  
Document Specialist Supervisor

Letter Number: 196A00049230

ARTICLE OF CORPORATION

OF

LA FAMILIA MEDICAL CENTER OF WPB INC.

ARTICLE I

NAME

The name of this Corporation shall be :

LA FAMILIA MEDICAL CENTER OF WPB INC.

ARTICLE II

PURPOSE

This corporation is organized for the purpose of operating as TRUCKING 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 TRAIL WAY WELLINGTON, FL 33414 and the name of the initial registered agent of this corporation at the above address IS: KARINA PERRY.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 NOV -4 AM 8:55

## ARTICLE V

### DIRECTORS

This corporation shall have one ( 1 ) 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 IS:

KARINA PERRY  
1748 SHOWER TRAIL WAY  
WELLINGTON FL 33414

## ARTICLE VI

### INCORPORATORS

The name and address of the person(s) signing these Articles IS:

KARINA PERRY  
1748 SHOWER TRAIL WAY  
WELLINGTON 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 former officer former director to the full extent permitted by law.

ARTICLE IX

AMENDMENT


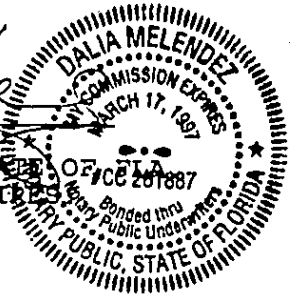
This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this 21TH OF OCTOBER 1996

  
KARINA PERRY  
PRESIDENT

COUNTY OF PALM BEACH  
STATE OF FLORIDA

I HEREBY CERTIFY that on this 21st DAY OF OCTOBER, 1996 personally appeared before me, the undersigned authorities, KARIA PERRY 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.

  
DALIA MELENDEZ  
NOTARY PUBLIC, STATE OF FLORIDA  
MY COMMISSION EXPIRES MARCH 17, 1997  


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 NOV -4 AM 8:55

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:

LA FAMILIA MEDICAL CENTER OF WPB INC.

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

WITH ITS PRINCIPAL PLACE OF BUSINESS AT 1748 SHOWER TRAIL WAY WELLINGTON, FLORIDA 33414, COUNTY OF PALM BEACH, STATE OF FLORIDA AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

Karina Perry  
(CORPORATE OFFICER)  
President  
(TITLE)  
10/21/96  
(DATE)

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

DATE

Karina Perry  
10/21/96