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FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

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FROM: FAG-T CORP. AGENTS INC.  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305)599-0839

ACCT#: 071001002335

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NAME: CUTLER RIDGE COMMUNITY HEALTH CENTER, INC.

AUDIT NUMBER.....H96000015899

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

CERT. COPIES.....0

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11/12/96  
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LIDIA FERNANDEZ

596A. 57563  
11-12-96  
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**ARTICLES OF INCORPORATION  
OF  
CUTLER RIDGE COMMUNITY HEALTH CENTER, CORP.**

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

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96 NOV 12 PM 12:54  
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**ARTICLE I NAME**

The name of the corporation will be: CUTLER RIDGE COMMUNITY HEALTH CENTER, CORP.

The principal's place of business of this corporation will be:  
8701 SW 12th St. #16  
Miami, Fl 33174

**ARTICLE II NATURE OF BUSINESS**

This corporation I 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.

**ARTICLES III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstandingly at any one time is: 1000 (one thousand).

**ARTICLES IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

Prepared By: Vidal R. Vila  
8701 SW 12th St. #16  
Miami, Fl 33174  
305-226-0121

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11/12/96 12:09  
NOV-11-96 MON 11:12 AM MARTIN ACCOUNTING CO.

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**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Vidal R. Vila/President  
8701 SW 12th St.#16  
Miami, Fl 33174

**IN WITNESS WHEREOF**, the undersigned incorporator(s) has(have) executed these Articles of incorporation this 07 Day of November, 1996.

Signature(s) of Incorporator(s)

Vidal R. Vila

  
President

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11/12/96 12:03  
NOV-11-96 MON 11:13 AM HARTS, ACCOUNTING, CO.

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAW OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERS OFFICE/REGISTERED AGENT, IN THE STATE  
OF FLORIDA.

The name of the corporation is: **CUTLER RIDGE COMMUNITY HEALTH  
CENTER, INC.**

The name and address of the registered agent an office is: Vidal R. Vila  
8701 SW 12th St. #16  
Miami, FL 33174

Having been named as registered agent and to accept services 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

November 07, 1996  
Date

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