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FAX #: (305)541-3770

NAME: SOUTH PLORIDA MEDICAL CENTER, INC.

AUDIT NUMBER...... H96000016824

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

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 2, 1996

EMPIRE

SUBJECT: SOUTH FLORIDA MEDICAL CENTER, INC.

REF: W96000025151

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

THE PRINCIPAL ADDRESS MUST BE THE SAME THROUGHOUT THE ARTICLES.,

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) 487-6067.

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cipal address

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

INCORPORATION OF ARTICLES

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SOUTH FLORIDA MEDICAL CENTER, INC.

WE, THE UNDERSIGNED, HNRIQUE CANO, AND ARA MIRANDA, associate ourselves for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida.

ARTICLE I

The name of this corporation shall be:

BOUTH FLORIDA MEDICAL CENTER, INC.

ARTICLE II

The general nature of the business and the objects and purposes proposed to be transacted and carried on are to do any and all of the things mentioned, as fully and to the same

extent as natural persons might or could do, viz:

a. To engage in any legal business.

b. In the purchase or acquisition of business rights of franchises, or for additional working capital, or for any other object in or about its business or affairs, and without limit as to amount, to incur debt, and to raise, borrow, and secure the payment of money in any lawful manner, including issue and sale of other disposition of bonds, warrants, debentures, obligations, negotiable and transferable instruments and evidence of all kinds, whether secured by

mortgage, pledge, deed or trust otherwise.

c. Generally to perform and make contracts of any kind and description and for the purpose of attaining any of the objects of the corporation, to do and perform any other acts or things, and to exercise any and all powers which a co-partnership or natural person could do and exercise, and which now are, or hereafter may be authorized by law and generally to do and perform any and all things necessary or incident to the performing and carrying out of the powers hareinabove specifically delegated of implied.

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ALFREDO SANCHEZ accountant 5200 S.W. 8th Street miami, F1 33134 305 445-9025

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ARTICLE III

CAPITAL STOCK

The authorized capital stock of this corporation shall be divided into 100 shares of common stock of ONE DOLLAR PAR value.

All said stocks shall be payable in cash, property, labor or services at a just valuation to be fixed by the Board of Directors at a meeting called for the purpose, or paid for, with the capital stock at a just valuation to be fixed by the Board of Directors at a meeting called for the purpose. None of the stockholders herein, or anyone who may become stockholders of this corporation, shall have or shall ever have pre-emptive rights in and to any authorized or un-issued stocks of this corporation until such time as an Amendment to the By-Laws may be passed. This provision is made pursuant to Florida Statute 608.42.

ARTICLE IY

CAPITAL TO BEGIN \ '18INESS

The amount of capital with which this corporation shall commence business shall be a minimum of ONE HUNDRED AND 00/100 DOLLARS.

ARTICLE Y

CORPORATE EXISTING

This corporation shall exist perpetually unless sooner dissolved according to lar.

ARTICLE VI

PRINCIPAL PLACE OF BUSINESS

The principal place of business of said Corporation shall be 5200 s.W STH STREET SUITE 204-A; CORAL GABLES, FLORIDA 33134 and with the privilege of having branch offices at other places within or without the State of Florida.

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ARTICLE VII

The Resident Agent designated to accept service of process for the corporation shall be ENRIQUE CANO.

ARTICLE VIII

The number of Directors of this corporation shall be not less than ONE (1) nor more than FIVE (5).

ARTICLE IX

DIRECTORS

The names and addresses of the first Board of Directors of this corporation who shall hold office for the first year or until their successors are chosen, shall be: ADDRESS NAME

ENRIQUE CANO

3200 N.W 79TH STREET MIAMI, FLORIDA 33147

ARA MIRANDA

5200 B.W STH ST # 202-A CORAL GABLES PL, 33134

ARTICLE X

The name and address of the Officers of this corporation who shall hold office for the first year or until their successors are chosen shall be:

NAME

TITLE

ENRIQUE CANO

PRESIDENT/ TREASURER

3200 N.W 79TH STREET MIAMI, FLORIDA 33147

ARA MIRANDA

VICE-PRES/ SECRETARY

5200 S.W STH ST # 202-A CORAL GABLES, FL 33134

ARTICLE XI

The names and post office addresses of the subscribers and the number of shares each agree to take are: NUMBER OF SHARES ADDRESS NAME

ENRIQUE CANO

3200 N.W 79TH STREET NIAMI, FLORIDA 33147 50

ARA MIRANDA

5200 S.W STH ST. # 202-A CORAL GABLES, PL 33134

ARTICLE XII

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS HAY DE BERVED.

In compliance with Section 48.091, Florida Statutes, the following is submitted:

First, that SOUTH FLORIDA MEDICAL CENTER, INC. (name of the corporation) desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at City of CORAL GABLES, State of Florida, has name ENRIQUE CANO of 3200 N.W 79TH STREET; MIAMI, PLORIDA 33147 as its agent to accept services of process within Florida,

ENRIQUE CANO

DATE: NOVEMBER 27, 1996

CORPORATE OFFICER

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.

ENRIQUE GANO

DATE: NOVEMBER 27, 1996

ARTICLE XIII

ACKNOWLEDGHENT

COUNTY OF DADE)

Personally appeared before me, the undersigned Notary Public in and for the State of Florida, ENRIQUE CANO AND ARA in and for the State of Florida, ENRIQUE CANO AND ARA incorporation, and each acknowledged that he or she did make, Incorporation, and each acknowledged that he or she did make, subscribe and acknowledge the foregoing Certificate as and subscribe and acknowledge the foregoing Certificate as and for his or her voluntary act and deed, and that the facts for his or her voluntary act and deed, and that the facts herein set forth are true and correct as given under my hand and official seal, the day and year written at Miami, Dado County, Florida.

Notary Public State of Florida at Large

My commission expires:

subscribers:

OFFICIAL NOTARY SEAL
JAMES D FEURTADO
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CCM9323
MY COMMISSION EXP. JUNE 5,1999

ENRIQUE CANO-PRESIDENT/TREASURER

ARA MIRANDA-VICE-PRESIDENT/SECRETARY

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