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

800002024418---4 -12/10/96--01069--001 *****78.75 ******78.75

| nal and one(1) copy of the articles \$78.75 Filing Fee & Certificate | U\$122.50 Filing Fee & Certified Copy | ☐ \$131.25 Filing Fee, Certified Copy & Certificate |
|---|---|---|
| Name (Printed Mod International Med 5200 SW 8th Street S Addre Coral Gables, Flori | Pdt lortyped) lical Center Corporate 111 ss .da 33134 | 72.50 |
| | (Proposed corporational and one(1) copy of the articles \$78.75 Filing Fee & Certificate LUISA A. VAZQUEZ Name (Printed Mt International Med 5200 SW 8th Street S Addre Coral Gables, Flori | Filing Fee & Certificate Filing Fee & Certified Copy ADDITIONAL CO LUISA A. VAZQUEZ, Pdt Name (Printed or typed) Mt International Medical Center Corp 5200 SW 8th Street Suite 111 Address |

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

Daytime Telephone number

(305) 445-3636 or 529-5006

FILED

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SECKLIARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

| • | 74114 | 0000 01 | | |
|--------------|--|---|------------------------|--|
| | | of | | |
| | мр | INTERNATIONATIONATIONATIONATIONATIONATIONATIO | | NTER, INC |
| The undersig | ned subscriber(s) to these A under the laws of the State | rticles of Incorporations of Florida. | n, natural person(s) c | competent to contract, hereby form a |
| | | ARTICLE I - CORP | ORATE NAME | |
| The name o | the corporation is: | | | |
| | MC II | NTERNATIONAL | MEDICAL CENT | ER, INC |
| | | ARTICLE II - D | URATION | |
| This corpora | tion shall exist perpetually | unless dissolved acco | ording to Florida la | w. |
| | | ARTICLE III - | PURPOSE | |
| | ion is organized for the pur s and the State of Florida | | ny activities or busin | ess permitted under the laws of the |
| | | ARTICLE IV - CAL | PITAL STOCK | |
| The corporat | ion is authorized to issue f | ive hundreds | shares (50 | 00) of one dollar |
| - | · · · · · · · · · · · · · · · · · · · | | | designated "Common Shares." |
| • • • • | | · INITIAL REGISTE | | |
| The name a | and street address of the Ir | | | • |
| IAME LU | SA A. VAZQUEZ, | Pdt | | |
| | 00 SW. 8th Stre | | | |
| | GABLES, | FLORI | DA | zip 33134 |
| | ARTICI | E VI - INITIAL BO | ARD OF DIRECTO | DRS |
| increased or | ion shall have TWO diminished from time to the initial director(s) of the initial director(s) and the initial director(s) are the initial director(s). | ime by the By-Laws, | but shall never be I | e number of directors may be either less than one (1). The names and |
| NAME LU | ISA A VAZQUEZ | PDT | | |
| ADDRESS 38 | 00 WEST 6th Aveni | າe | | |
| спу Ні | aleah, | STATE | Florida | ZIP 33012 |
| NAME LO | LY PEREZ., | | | |
| ADDRESS 12 | 339 NW 98th Way | | | |
| CITY MI | ami | STATE | Florida_ | 71P 33016 |
| | | | | |

ARTICLE VII - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

| NAME LUISA A. VAZQUEZ., | Pdt | | _ |
|--|---------------------------------|--|-------------|
| ADDRESS 3800 WEST 6th Avenue | <u> </u> | | { |
| CITY Hialeah | STATE Flori | da zip 33012 | |
| NAME Loly Perez., | | | _ |
| ADDRESS 12339 NW 98th Way | | | |
| CITY Miami | STATE Florid | a zip 33016 | |
| | | | |
| NAME | | | |
| ADDRESS | STATE | ZIP | |
| CITY | - | | |
| IN WITNESS WHEREOF, the undersigned su | bscriber(s) have executed thes | e Articles of Incorporation (1193 | |
| day of December , 1996. | | 4.1.7 | |
| | Juin | J. D. Vayeung (Scal) | |
| | Luisa A. Vazqu | Mez. | |
| | | (Seal) | |
| | Loly Perez., | (Cool) | |
| | | (Seal) | • |
| | | | |
| STATE OF FLORIDA) | • | • | |
| STATE OF FLORIDA | SS | · | |
| COUNTY OF <u>DADE</u>) | | . C. al. alama acceptable | |
| before me, a Notary Public authorized to take appeared | acknowledgements in the Sta | ite and County set forth above, personally | |
| LUISA A VAZQUEZ & | LOLY PEREZ., | | |
| | | | |
| known to me and known to be the person | (s) who executed the forego | oing Articles of Incorporation, and who | |
| | executed these Articles of In | | |
| | | · • | |
| IN WITNESS WHEREOF, I have becount o all | ixed my hand and seal, in the S | itate and County aforesaid, this 03 | |
| day of DECEMBER ARY Pro 96 FICIAL NO | YATIY SEAL | <i></i> | |
| COMMISSION COMMISSION | Weller College W. | OFFICIAL NOTARYS E TUYA | |
| CC36 | 4883 Public, State of F | iorida al Large) COMMISSION NO. CC | 364883 |
| APR. | 7,1998 | MY COMMISSION EXP. AT | |

Me Commission contres

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

FILED

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CERTIFICATE OF REGISTERED AGENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

| THE THIRDHANT TOWNS HEDDICAL CONTON TO | MC | INTERNATIONAL | MEDICAL | CENTER | INC |
|--|----|---------------|---------|--------|-----|
|--|----|---------------|---------|--------|-----|

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.034, 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 5200 SW 8th STreet STE 111

Coral Gables, F1, 33134

has named LUISA A. VAZQUEZ,
located at the aforesaid address, as its Registered Agent to accept service of process

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

ACKNOWLEDGEMENT

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

Luisd Regioned agent