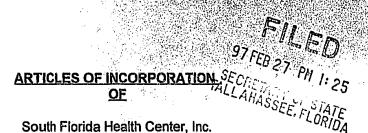
Requestor's Name 890 S.W. 87 AVENUE, SUITE: 16
Address MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone # Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. SOUTH FLORIDA HEALTH CENTER, INC. (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 200 Certified Copy Mail out Photocopy Certificate of Status Will wait NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATIO QUALIFICATION **Annual Report** Foreign Fictitious Name Limited Partnership Name Reservation Reinstalement Trademark Other Examiner's billistin . WEB 271997

CR2E031(1/93)



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

The name of the corporation shall be:

South Florida Health Center, Inc.

## ARTICLE II

The principal place of business and mailing address of this corporation shall be:

1635 SW 27 Avenue (Rear) Miami, Florida 33126

## ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

1000 shares (one thousand) @ \$1 (one dollar)

#### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Valentin Lopez 815 NW 57 Avenue #304 Miami, Florida 33126

# ARTICLE V INCORPORATOR (S)

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

Valentin Lopez, Director 815 N.W. 57 Avenue, #304 Miami, Florida 33126

The undersigned has(have) executed these Articles of Incorporation this <u>25</u> day of February, 19<u>97</u>.

Signature / Title

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Status, the undersigned corporation, organized under the laws 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: South Florida Health Center
- 2. The name and address of the registered agent and office is:

Valentin Lopez 815 NW 57 Avenue #304 Miami, Florida 33126

Signature Valent

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFIED. I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL MY STATUS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND LACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature .