

**FLORIDA SECRETARY OF STATE**  
**Request for Filing**  
 90 S.W. 8th Avenue, Suite 16  
 Address  
 MIAMI, FLORIDA 33174 (305)552-5973  
 City/State/Zip Phone #  
 LOCAL REPRESENTATIVE TALLAHASSEE

**41502**

100002172981--3  
 -05/09/97--01068--027  
 \*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. ATLANTIC MEDICAL INSTITUTE INC.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION QUALIFICATION |                     |
|----------------------------|---------------------|
| <input type="checkbox"/>   | Foreign             |
| <input type="checkbox"/>   | Limited Partnership |
| <input type="checkbox"/>   | Reinstatement       |
| <input type="checkbox"/>   | Trademark           |
| <input type="checkbox"/>   | Other               |

RECEIVED  
 97 MAY -9 AM 10:48  
 DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: Atlantic Medical INSTITUTE INC.

SECOND

The period of its duration is: Perpetual

THIRD

The purpose of the corporation is: any lawfull busness in the state of Florida

FOURTH

The aggregate number of authorized shares is: 100

FIFTH

The corporation will not commence business until at least 100 dollars have been received by it as consideration for the issuance of shares.

SIXTH

Cumulative voting of shares of stock are authorized.

SEVENTH

Provisions limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are:

limiting \_\_\_\_\_

EIGHTH

Provisions for regulating the internal affairs of the corporation are: \_\_\_\_\_

NINTH

FILED  
97 MAY -9 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The address of the initial registered office of the corporation is: 8478 SW 8 St , Suite 107, Miami, Fl, 33144

and the name of its initial registered agent at such address is:  
Laura Mendoza

TENTH

Address of the principal place of business is: 8478 SW 8 St, Suite 107, Miami, Fl, 33144

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is 2, and the names and address of the persons who are to serve as directors until the first annual meeting of shareholders

or until their successors are elected and shall qualify are:

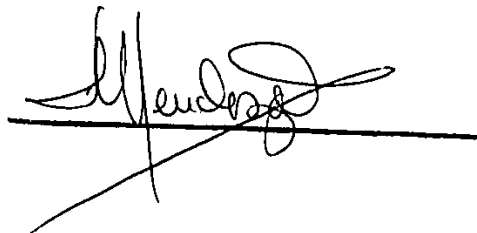
| Name                                 | Address                               |
|--------------------------------------|---------------------------------------|
| <u>Laura Mendoza</u><br><u>33144</u> | <u>8478 SW 8 St, Miami, Fl,</u>       |
| <u>Rafael Mendoza</u>                | <u>8478 SW 8 St, Miami, Fl, 33144</u> |

TWELFTH

The name and address of each incorporator is:

| Name                                 | Address                         |
|--------------------------------------|---------------------------------|
| <u>Laura Mendoza</u><br><u>33144</u> | <u>8478 SW 8 St, Miami, Fl,</u> |
| <u>Rafael Mendoza</u>                | <u>8478 SW St, Miami, 33144</u> |

Date: April 28, 1997

A handwritten signature, likely of Rafael Mendoza, is written over a horizontal line. The signature is stylized and cursive.

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

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, 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: ATLANTIC MEDICAL INSTITUTE INC.

2. The name and address of the registered agent and office is:

LAURA MENDOZA

(NAME)

8478 S.W. 8 STREET, STE:107

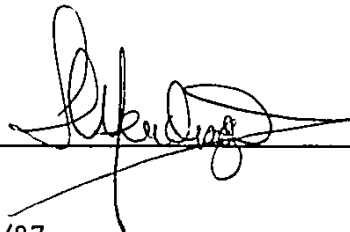
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33144

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE 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



DATE 5/08/97

REGISTERED AGENT FILING FEE: \$35.00

STATE  
OFFICE  
TALLAHASSEE, FLORIDA

97 MAY -9 PM 1:31

PM 1:31