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TRANSMITTAL LETTER

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

RECEIVED JUN 19 1997
*****131.25

SUBJECT: West-Dixie Medical Center INC.
(Proposed corporate name - must include suffix)

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-06/19/97--01077--015
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Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: YVES M. LAVENTURE
Name (Printed or typed)

18742 N.W. 89th Ave.
Address

HiALEAH, Fla. 33018
City, State & Zip

305 (954) 972-6450
Daytime Telephone number

97 JUN 19 PH 2:35
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 20 1997

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

FILED

97 JUN 19 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: WEST-Dixie MEDICAL Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

703 South Dixie Highway West
Pompano Beach, Fla. 33069

ARTICLE III SHARES

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

TWO - Common types of Shares - one class - one Voting Right
50% Marie Idole LAVENTURE 50% Yves LAVENTURE Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

[WEST-Dixie MEDICAL Center IC] YVES M. LAVENTURE
703 South Dixie H.W. West. Pompano Beach, Fla. 33069.

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

YVES M. LAVENTURE
18742 NW. 89 Ave -
Hialeah, Fla. 33018



Signature/Incorporator

6/15/97

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

6/15/97

Date

Miami 6 /15/97

CORPORATE PURPOSE

The corporate purpose of WEST-DIXIE MEDICAL CENTER Inc. is to provide medical services to the medically unserved and underserved area of Pompano Beach designated as census tract 308.01 by the zoning department in the city of Pompano Beach. The rendition of such services will occur in the capacity of Family medicine ;will encompass all facets of the same.

The foregoing purposes and activities will be interpreted as examples only and not as limitations and nothing therein shall be deemed as prohibiting the corporation from engaging in any lawful act or activity for which a corporation may be organized under the general corporation law of the state of Florida