

P97000056744

Soltman Medical Center Inc.

820 Soltman Ave.
Ft. Pierce, FL 34950

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 26 AM 11:45

6/6/97

Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

900002223929--8
-06/26/97--01075--002
*****122.50 *****122.50

SUBJECT: Soltman Medical Center Inc.

Enclosed is an original of the articles of incorporation and a check for \$122.50.

FROM: Soltman Medical Center Inc.
820 Soltman Ave.
Ft. Pierce, FL 34950

4

D. BROWN JUN 27 1997

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 26 AM 11:45

**ARTICLES OF INCORPORATION
OF
Soltman Medical Center Inc.**

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 I NAME

The name of the corporation shall be: Soltman Medical Center Inc.

ARTICLE II PRINCIPAL OFFICE

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

Soltman Medical Center Inc.
820 Soltman Ave.
Ft. Pierce, Fl 34950

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 Shares and \$1.00 par value.

ARTICLE IV
INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

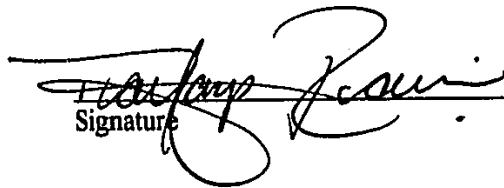
Damarys Ravani
820 Soltman Ave.
Ft. Pierce, Fl 34950

ARTICLE V INCORPORATOR(S)

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

Damarys Ravani
Soltman Medical Center Inc.
820 Soltman Ave.
Ft. Pierce, FL 34950

The undersigned INCORPORATOR(s) has (have) executed these Articles of Incorporation this 6 day of June, 1997.


Signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 26 AM 11:45

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

Pursuant to the provision 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 : Soltman Medical Center Inc.
2. The name and address of the registered agent and office is:

Damarys Ravani
Soltman Medical Center Inc.
820 Soltman Ave.
Ft. Pierce, FL 34950

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 statues 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: 6/6/97