775 City/State/Zip Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. 24 - HEARTH CARE INC.
(Corporation Name) (Document #) (Corporation Name) (Document #) 600002271196--8 -08/19/97--01054--012 \*\*\*\*122.50 \*\*\*\*122.50 3. (Corporation Name) (Document #) (Corporation Name) Pick up time 2.0 Certified Copy Will wait Photocopy Certificate of Status: (Document #) Walk in Mail out AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/ Director **NonProfit** Change of Registered Agent **Limited Liability** Dissolution/Withdrawal **Domestication** Merger Other OTHER FILINGS QUALIFICATION Annual Report Foreign **Fictitious Name** Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials CR2E031(1/95)

# ARTICLES OF INCORPORATION

**OF** 

# 24 - HEART CARE 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 corporation shall be:

24 - HEART CARE INC.

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SECRETARY OF STATE
TALLAHASSEE FI 1980.

#### ARTICLE II PRINCIPAL OFFICE

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

600 BRICKELL AVE SUITE 300Z MIAMI, FL. 33131

### ARTICLE III SHARES

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

600 Shares of Common Stock at \$1.00 Par Value

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUIS M. ARIAS 11865 SW 206 STREET MIAMI, FL. 33177

# ARTICLE V INCORPORATOR(S)

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

Fabio Ronderos
600 BRICKELL AVE SUITE 300 Z
MIAMI, FL. 33131

## ARTICLES VI DIRECTOR(S)

President/Director

Fabio Ronderos

600 BRICKELL AVE SUITE 300 Z MIAMI, FL. 33131

The undersigned incorporato(s) has(have) executed these Articles of Incorporation This 4h day of August, 1997.

Signature
Signature

# <u>CERTIFICATE OF DESIGNATION</u> 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: 24 HEART CARE INC
- 2, The name and address of the registered agent and office is:

LUIS M. ARIAS

11865 SW 206 STREET P.O. BOX NOT ACCEPTABLE

MIAMI, FL. 33177

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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 POSITIO AS REGISTERED AGENT.

Signature\_

Date<u>August 4<sup>h</sup> 199</u>