97 OCT 17 711 2:37

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

Lataille Medical Center Inc.
(Proposed corporate name - must include suffix)

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: Lafante Medical Center,

18360-62 NW 47th Ave.

305) 624-4604

Daytime Telephone number

OCT 1 7 1997. b Hail

## ARTICLES OF INCORPORATION

FILED

97 OCT 17 TH 2: 37

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:

Lafaille Medical Center, Inc

#### PRINCIPAL OFFICE ARTICLE II

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

18340-63 NW 47th Ave Miami, FL 33055

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares

# INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Darlene Lafaille - 18362 Nia. 47th Ave. Miami, FL 33055

#### ARTICLE V INCORPORATOR

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

Darlene Lafaille - 18362 NW. 47th Ave. Miami, FL 33055

Magalie Fabien - 501 N.W. 195 Terr. Miami, FL 33/69

Signature/Incorporator

(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

10-17-97