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-02/20/98--01053--009

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. MONTURA RANCH MEDICAL CENTER, 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

FILED  
98 FEB 20 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
98 FEB 20 AM 11:52  
DIVISION OF CORPORATION

Examiner's Initials

Date FEBRUARY 18, 1998

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re MONTURA RANCH MEDICAL CENTER, INC., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

MONTURA RANCH MEDICAL CENTER, INC.  
(name of corporation)

MAILING ADDRESS OF CORPORATION		
130 W. AVENIDA DEL CLUB		
CLEWISTON, FLORIDA 33440		
PHONE		
( 941 )	902-1400	
Area Code	Phone Number	Ext.

**ARTICLES OF INCORPORATION**

of

MONTURA RANCH MEDICAL CENTER, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

MONTURA RANCH MEDICAL CENTER, INC.

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$ 1.00 ) par. value Common Stock, which shall be designated "Common Shares".

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	LEONOR COREA
ADDRESS	130 W. AVENIDA DEL CLUB
CITY	CLEWISTON
STATE	FLORIDA
ZIP	33440

The principal office, if known, or the mailing address of the corporation is:

NAME	MONTURA RANCH MEDICAL CENTER, INC.
ADDRESS	130 W. AVENIDA DEL CLUB
CITY	CLEWISTON
STATE	FLORIDA
ZIP	33440

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have TWO ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	JOSE A. COSSIO	PRESIDENT	50% SHARES
ADDRESS	130 W. AVENIDA DEL CLUB		
CITY	CLEWISTON	STATE	FLORIDA
ZIP	33440		
NAME	LEONOR COREA	SECRETARY/TREASURER	50% SHARES
ADDRESS	130 W. AVENIDA DEL CLUB		
CITY	CLEWISTON	STATE	FLORIDA
ZIP	33440		
NAME			
ADDRESS			
CITY		STATE	
ZIP			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	JOSE A. COSSIO		
ADDRESS	130 W. AVENIDA DEL CLUB		
CITY	CLEWISTON	STATE	FLORIDA ZIP 33440
NAME	LEONOR COREA		
ADDRESS	130 W. AVENIDA DEL CLUB		
CITY	CLEWISTON	STATE	FLORIDA ZIP 33440
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 18  
day of FEBRUARY, 19 98



\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

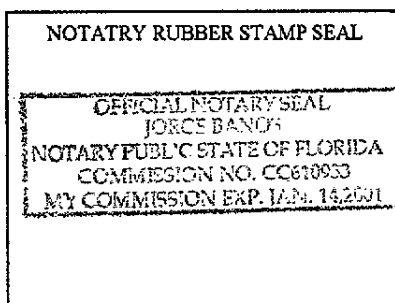
\_\_\_\_\_ (Seal)

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above,  
personally appeared: JOSE A. COSSIO and LEONOR COREA

 _____ Signature	FL DL# C200-421-60-343-0 _____ Form of Identification
 _____ Signature	FL DL# C600-520-43-707-0 _____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that THEY executed these articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath was not taken.



Witness my hand and official seal in the County and State last aforesaid this

18 day of FEBRUARY 1998

*Notary Signature*

JORGE BANOS

*Printed Notary Signature*

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

MONTURA RANCH MEDICAL CENTER, INC.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation  
at 130 W. AVENIDA DEL CLUB

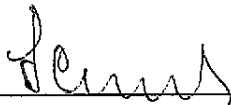
CLEWISTON, FLORIDA 33440

has named LEONOR COREA

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

## ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.



*(registered agent)*

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