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

SILVER LAKES URGENT TREATMENT & WALK-IN CENTER, INC. SUBJECT: (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

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	ARTURO				
	Name (Printed or typed)				

6600 COWPEN SUITE 300

Address

LAKES

City, State & Zip

(305)557-4616

Daytime Telephone number

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

11, 2/2/2/98

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ARTICLES OF INCORPORATION

SECRETARY OF STATE

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

ARTICLE I

The name of the corporation shall be:

SILVER LAKES URGENT TREATMENT & WALK-IN CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

6600 COMPEN RD Suite 300 MIAMILLAKES, FL 33014

ARTICLE III SHARES

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

Shares 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Sixta CASTILLO 15600 N.W. 67 AVE. MIAMI LAKES FL 33014

ARTICLE V INCORPORATOR

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

ART DIDZ 6600 Cowpen Rd. Suite 300 ... Minmi Lakes FL

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

Having been named as negistered 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 oblightions of my position as registered agent

Signature/Registered Agent