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

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SUBJECT: _	SILUER LAKES MEDIC	こめに SO (TES, チル) orate name - must include sur	ffix)			
Enclosed is an o	riginal and one(1) copy of the article	es of incorporation and a	check for :			
☐ \$70.0 Filing Fe		□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate			
FRO	OM: ANTONO DIAZ Name (フィ. Printed or typed)		_		
	<u>6600 cow6€</u> ~	Address SUITE	360	TA TA	98	
	MIAMI LAKES, City (305) 557-461		. ;	CHETAKT UI LLAHASSEE,	98 MAR 25 AM	

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

Daytime Telephone number

Jul 3/21/98

FILED

98 MAR 25 AM 10: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

- ARTICLES OF INCORPORATION

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:

SILVER LAKES MEDICAL SUITES, FAC.

ARTICLE II PRINCIPAL OFFICE

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

6600 COWPEN RD.

Soite 300

Midmi LAKES, FL 33014

ARTICLE III SHARES

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

100 shares

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:

DRT DIDZ

6600 COWPEN RD.

Suite 300

MIAMI LAKES, FLA 33014

Signature/Incorporator

3/6/98

Date

(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 pastifunfus registered agent

Signature/Registered Agent

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Date