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CORPORATION(S) NAME

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ARTICLE OF INCORPORATION

OF

J.A.O. MEDICAL CENTER, INC.

WE, THE UNDERSIGNED, HEREBY ASSOCIATED TOGETHER FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF FLORIDA, BY AND UNDER THE PROVISIONS OF THE STATUS OF THE STATE OF FLORIDA, PROVIDING FOR FORMATION, LIABILITIES, RIGHTS, PRIVILEGES AND IMMUNITIES OF CORPORATION FOR PROFIT.

ARTICLE I

THE NAME OF THE CORPORATION SHALL BE J.A.O. MEDICAL CENTER, INC. ITS BUSINESS SHALL BE CARRIED AT PEMBROKE PINES, FLORIDA AND AT SUCH OTHER POINTS OR PLACES IN THE STATE OF FLORIDA AND IN THE UNITED STATES AND FOREIGN COUNTRIES AS MAY, FROM TIME TO TIME, BE AUTHORIZED BY THE BOARD OF DIRECTORS. ITS PRINCIPAL OFFICE SHALL BE AT 17901 NW 5TH STREET # 105, PEMBROKE PINES, FLORIDA 33029.

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS OR BUSINESSES TO BE TRANSACTED IS AS FOLLOWS:

SECTION I: THAT OF A MEDICAL OFFICE.

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF STOCK THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY TIME SHALL BE 500 SHARES OF \$1.00 PAR VALUE.

ARTICLE IV

THIS CORPORATION SHALL BEGIN BUSINESS WITH A CAPITAL OF NOT LESS THAN (\$ 500.00) FIVE HUNDRED DOLLARS.

ARTICLE V

THIS CORPORATION SHALL EXIST PERPETUALLY

ARTICLE VI

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE LOCATED IN PEMBROKE PINES, FLORIDA, AND IT MAY HAVE SUCH OTHER PLACES OF BUSINESS, BOTH WITHIN AND OUTSIDE THE STATE OF FLORIDA AND IN FOREIGN COUNTRIES, AS MAY BE NECESSARY OR CONVENIENT.

ARTICLE VII

THE BUSINESS OF THIS CORPORATION SHALL BE CONDUCTED BY A BOARD OF DIRECTORS OF NOT LESS THAN ONE (1) DIRECTOR, THE EXACT NUMBER OF DIRECTORS TO BE FIXED BY THE BY-LAWS OF THIS CORPORATION.

ARTICLE VIII

THE NAME AND ADDRESS OF THE FIRST BOARD OF DIRECTORS OF THIS CORPORATION, WHO SHALL HOLD OFFICE UNTIL ORGANIZATION MEETING OF THIS CORPORATION, AND UNTIL THEIR SUCCESSORS ARE ELECTED AND HAVE QUALIFIED IS JOSE A. ORCASITA-NG. 15535 MIAMI LAKEWAY NORTH APT. 201 MIAMI LAKES, FLORIDA 33014.

THE OFFICES TO BE HELD BY THE ABOVE NAMED DIRECTOR IS AS FOLLOWS:

JOSE A. ORCASITA-NG. PRESIDENT/DIRECTOR

ARTICLE IX

THE NAME AND ADDRESS OF EACH SUBSCRIBER OF THESE ARTICLES OF INCORPORATION, AND A STATEMENT OF THE NUMBER OF SHARES OF STOCK WHICH EACH AGREES TO TAKE IS AS FOLLOWS:

NAME ADDRESS NO. SHARES VALUE

JOSE A. ORCASITA NG. 15535 MIAMI LAKEWAY NORTH 500 1.00

APT 201

MIAMI LAKES FL. 33014

ARTICLE X

THE PROVISION OF THIS CHARTER, AND EACH AND EVERY ARTICLE AND SECTION HEREOF, AND THE BY-LAWS OF THIS CORPORATION SHALL BE CONSIDERED A PART OF EVERY CONTRACT AND TRANSACTION TO WHICH THIS CORPORATION SHALL BE A PARTY. EVERY PERSON, ASSOCIATION AND/OR CORPORATION DEALING WITH THIS CORPORATION IN HEREBY CHARGED WITH NOTICE AND KNOWLEDGE OF THIS CORPORATION.

	IN	WIT	ness	WH	EREOF	, WE	HAVE	HEREUNTO	SET	OUR	HANDS	AND	SEALS
THIS	9		DAY	OF	Jur	1e	_ A.D.	. 1998.					
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STATE OF FLORIDA

COUNTY OF DADE

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED JOSE A. ORCASITA-NG. WHO IS PERSONALLY KNOWN TO ME AND WHO DID NOT TAKE AN OATH, WHO EXECUTED AND SUBSCRIBED TO THE FOREGOING ARTICLES OF INCORPORATION AND THEY ACKNOWLEDGE, BEFORE ME, THAT THEY EXECUTED THE SAME AND SUBSCRIBED TO THE SAME FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL AT MIAMI, FLORIDA SAID STATE AND COUNTY, THIS ____ DAY OF ______ 1998.

NOTARY PUBLIC, STATE OF FLORIDA

MY COMMISSION EXPIRES:

Notary State of Florida Public My Comm. Exp: 10/20/00, Comm#: CC594443 CERTIFICATE DESIGNATING PLACE OF BUSINESS OF DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN PURSUANCE OF CHAPTER 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED, IN COMPLIANCE WITH SAID ACT:

FIRST THAT J.A.O. MEDICAL CENTER, INC., DESIRING TO ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPAL OFFICE, AS INDICATED IN THE ARTICLES OF INCORPORATION AT CITY OF PEMBROKE PINES, COUNTY OF BROWARD, STATE OF FLORIDA.

HAS NAMED JOSE A. ORCASITA-NG. LOCATED AT 15535 MIAMI LAKEWAY NORTH APT. 201 MIAMI LAKES, FL. 33014, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.

ACKNOWLEDGEMENT:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION, AT PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPEY WITH THE PROVISION OF SAID ACT RELATIVE TO KEEPING OPEN SAID OFFICE.

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