P98000 52693

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

200002555252---0 -06/10798--01088--013 *****122,50 *****122.50

Re:	A11	Med	medical	Center,	. Inc
(Name of Corporation)				 	

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

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)

Jose L. Rodriguez.

All Med Medical Center, Inc.
(Name of Corporation)

APPROVED.

ARTICLES OF INCORPORATION

of

corporation)	
ion under the Florida Busine	ess Corporation Act, adopt(s)
ORPORATE NAME	181 181 181 181
	L CR
Center, Inc.	HASS
I - DURATION according to Florida law.	AM 9: 32 YOF STATE EE, FLORI
II - PURPOSE	Di la companya di managara
in any activities or business	permitted under the laws of the
CAPITAL STOCK	
of common stock, par value	e \$ <u>1.00</u> per share.
AL PRINCIPAL OFFICE ferent, the mailing address is	s:
·-	
FLORIDA	ZIP 33 016.
-	<u> </u>
FLORIDA	ZIP33135
ISTERED OFFICE AND A	AGENT
the name of the initial re	gistered agent at the office is:
	- -
FLORIDA	ZIP33135.
	Center, Inc. Center, Inc. Center, Inc. Counter,

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have <u>Three</u> (<u>3</u>) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Jose L. Rodriguez		-
ADDRES	S 2978 S.W. 5th St.		
CITY	Miami	STATE _{F1} .	ZIP 33135
NAME	Jose A. Rodriquez	2 T T T T T T T T T T T T T T T T T T T	
ADDRES	S 2978 S.W. 5th St.		
CITY	Miami	STATE F1	ZIP 33135
NAME	Candida F. Rodriguez		, <u>*</u> ±
ADDRES	S 2978 S.W. 5th St.		-
CITY	Miami	STATE F1	ZIP 33135.

ARTICLE VIII - INCORPORATORS

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

NAME	Jose L. Rodriguez		
ADDRES	SS 2978 S. W. 5th St.		
CITY	Miami	STATE F1.	ZIP 33135
NAME	Jose A. Rodriguez		
ADDRES	S 2978 S.W. 5th St.	. 1d <u>d </u>	
CITY	Miami -	STATE F1.	ZIP 33135
NAME	Candida F. Rodriguez		and the same of th
ADDRES	S 2978 S.W. 5th St.		-
CITY	Miami	STATE F1.	ZIP 33135

The undersigned incorporator(s) have executed these Articles of Incorporation this __eight (8) day of __June______, 19_98___.

(Signature)

Jose L. Rodriguez

(Signature)

Jose A. Rodriguez.

(Signature

Candida F. Rodriguez.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



3 T T	74377	MEDICAL	CENTRE	TNC
Alde	14 14 13	MEDICAL	CENTER	TMC

(name of corporation)

The above corporation, organized under the laws of	the State of Florida with its re	gistered office
as indicated in the Articles of Incorporation		
at 2978 S.W. 5th Street.	 	
Miami, Fl. 33135.	* * * * * * * * * * * * * * * * * * *	
has named Jose L. Rodriguez.		. <u>.</u>
located at the aforesaid address, as its registered ago	ent to accept service of process	within this
state.		

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

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) 6/8/98 (Date)