OFFICE USE ONLY (Document #)	100063	5512
LAZARUS CORPORATE FILIN (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305) (City, State, Zip)		000025928361 -07/20/9801050002 ****122.50 ****122.50
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Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	<b>C</b>
Limited Liability	Change of Registered Agent	
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OTHER FILNGS Annual Report Fictitious Name	REGISTRATION/ QUALIFICATION Foreign	93 JIL 29 FIL2: 04 UNITED OF CLAR CHAILON

## ARTICLES OF INCORPORATION

OF

### METRO HEALTH CENTER, INC.

### ARTICLE I - NAME

The name of this corporation is: METRO HEALTH CENTER,

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INC.

#### ARTICLE II - DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

### ARTICLE III - ADDRESS

The mailing address of the corporation is 3525 N.W. 23 27<sup>th</sup> Ave. Miami, Florida 33125

#### ARTICLE IV - PURPOSE

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

## ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue One Hundred (100) shares of NO par value common stock, which shall be designated "Common Stock".

#### ARTICLE VI- PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that

which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

# ARTICLE VII - PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the principal office of this corporation is 3525 N.W. 7<sup>th</sup> St. Miami, Florida 33125 and the name of the initial registered agent of this corporation is Rosa M. Roig.

# ARTICLE VIII - INITIAL BOARD OF DIRECTORS

This corporation shall have One (1) director initially. The number of directors may be increased from time to time as provided in the bylaws but shall never be less than ONE.

The name and address of the initial director of this corporation is:

### Rosa M. Roig

3525 N.W. 7<sup>th</sup> Street Miami, Florida 33125

## ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer of director, to the full extent permitted by law.

### ARTICLE X - INCORPORATOR

The name and address of the person signing these articles

Rosa M. Roig

is:

3525 N.W. 7th Street Miami, Florida 33125

da at Large

IN WITNESS WHEREOF, the undersigned subscriber have executed these articles of incorporation this 16th day of July, 1998.

STATE OF FLORIDA ) SS COUNTY OF DADE

a notary public authorized to take Before me, acknowledgments in the state and county set forth above, personally appeared Rosa M. Roig, known to me and known by me to be the person who executed the foregoing articles of incorporation, who has ä Drivers produced

as identification and acknowledged before me sharo S ₽ executed those articles of incorporation.

IN WITNESS WHEREOF, I have hereunto set myonand and affixed my official seal, in the state and county aforesaid, this

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(6.25 day of July, 1998. State of Flori Publ/ic, Notar

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1-800-3-NOTARY - Fits. Notary Service & Bonding Co.

Gaston R. Alvarez

Notary Public, State of Florida Commission No. CC 608250 My Commission Exp. 2/14/2001

My commission expires:

1.

2.

P.01

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is:\_ Matro Hoath

The name and address of the registered agent and office is: (P.O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

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_	from	L.	R
		1	/

# **REGISTERED AGENT FILING FEE: \$35.00**

DATE