ELECTRONIC FILING COVER SHEET

(((H98000015609 4)))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: WESTON MEDICAL CAMPUS, INC.

AUDIT NUMBER...... H98000015609

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...0

PAGES....

CERT. COPIES.....0

DEL METHOD. FAX

EST CHARGE ... \$70.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>: Help F1 Option Menu F2

Connect: 00:03:25

302 541 3770 P.01/06

EMPIRE CORP

40°-21-1998 10:57

n 8/21/98

ARTICLES OF INCORPORATION OF WESTON MEDICAL CAMPUS, INC.

The undersigned incorporator hereby adopts these Articles of Incorporation for the formation of a corporation under Florida General Corporation Act.

ARTICLE I

NAME

The name of this corporation is Weston Medical Campus, Inc..

ARTICLE 11	S	98	
DURATION		AUG	71
The duration of the corporation shall be perpetual.		21	
ARTICLE III	SIS FO	AM II:	D

INCORPORATION

The existence of the corporation shall commence as of the time of the filing of these Articles of Incorporation with the Secretary of the State of Florida.

ARTICLE IV

PURPOSES

The general purpose for which the corporation is initially organized is:

I. To engage in such lawful business for which corporations may be incorporated under the Florida General Corporation Act.

Prepared by: Manuel M. Arvesu, Esq. (Fl. Bar #0525294)
2121 Ponce de Lean Boulevard, Suite 920
Coral Gables, Florida 33134
Telephone No.: (305) 442-7442

H98000015609

1

Ha80000 15609

ARTICLE V

AUTHORIZED SHARES

The aggregate number of shares of stock that this corporation is authorized to have outstanding at any one time is six hundred (600) shares of common stock each having no par value.

ARTICLE VI

INDEMNIFICATION OF DIRECTORS.

OFFICERS AND OTHER AUTHORIZED REPRESENTATIVES

Section 1. <u>Indemnification in Accordance with Bylaws</u>. The Corporation shall indemnify its officers, Directors, employees and agents against liabilities, damages, settlements and expenses (including attorneys' fees) incurred in connection with the Corporations's affairs, and shall advance such expenses to any such officers, directors, employees and agents, to the full extent permitted by law, and as more particularly set forth in the Corporations's Bylaws. Such indemnification provisions of the Corporation's Bylaws may be enacted and modified from time to time by resolution of the Corporations's Board of Directors.

Section 2. <u>Effect of Modification</u>. Any repeal or modification of any provision of this Article by the shareholders of the Corporation shall not adversely affect any right to protection of a Director, officer, employee or agent of the Corporation existing at the time of the such repeal or modification.

2

H98000015609

Section 3. Liability Insurance. The Corporation shall have the power to purchase and maintain insurance on behalf of any person who is or was a Director, officer, employee or agent of the Corporation or is or was serving at the request of the Corporation as a Director, officer, employee or agent to another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him and incurred by him in any such capacity or arising out of his status as such, whether or not the Corporation would have the power to indemnify him against liability under the provision of this Article.

Section 4. No Rights of Subrogation. Indomnification hereunder and under the Bylaws shall be a personal right and the Corporation shall have no liability under this Article to any insurer or any person, corporation, partnership, association, trust or other entity (other than the heirs, executors or administrators of such person) by reason of subrogation, assignment or succession by any other means to the claim of any person to indemnification hereunder or under the Corporation's Bylaws.

ARTICLE VII

REGISTERED OFFICE AND AGENT

The initial street address of the registered office of this corporation in the State of Florida is 2121 Ponce de Leon Boulevard, Suite 920, Coral Gables, Florida 33134.

The name of the initial registered agent at such address is MANUEL M. ARVESU, ESO.

3

Ha8000015609

ARTICLE VIII

INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of two (2) members.

The initial Director and their addresses are:

NAME

ADDRESS

Douglas Briceno, President

2500 Weston Road, Suite 103 Ft. Lauderdale, Florida 33331

Manuel M. Arvesu, Secretary

2500 Weston Road, Suite 103 Ft. Lauderdale, Florida 33331

ARTICLE IX INCORPORATOR

The name and street address of the incorporator is:

NAME

<u>ADDRESS</u>

Manuel M. Arvesu

2121 Ponce de Leon Boulevard Suite 920

Coral Gables, Florida 33134

ARTICLE X MAILING ADDRESS

The initial mailing address of the Corporation shall be:

2500 Weston Road, Suite 103 Ft. Lauderdale, Florida 33331

IN WITNESS WHEREOF, the undersigned has executed these Articles of

Incorporation this 20 day of August, 1998.

MANUEL M. ARVESU
Incorporator

4

H198000015609

EWPIRE CORP

95:01 8661-1Z-9NU

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation organized under the laws of the State Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the corporation is:

Weston Medical Campus, Inc.

2. The name and address of the Registered Agent and Office is:

Manuel M. Arvesu, Esq. 2121 Ponce de Leon Boulgvard

Suite 920 Coral Gables, Florida 33134

Date ______August 20, 1998

Flaving 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.

Manuel M. Arvesu

Date <u>August 20, 1998</u>

AN II: 31

Ď

5

H98000015609

EMPIRE CORP

965:01 B:23