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FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS
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FROM: BUSINESS WORLD TRANSACTIONS, INC.
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ACCT#:

CONTACT: GEORGE G PICARDIE
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FAX #:

NAME: R.A. MEDICAL CENTER, INC.

AUDIT NUMBER.....H98000020339

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

CERT. OF STATUS..0

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be: R.A. MEDICAL CENTER, INC.

ARTICLE II

PRINCIPAL OFFICE

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

2455 W. FLAGLER ST.
MIAMI, FL. 33135

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated "COMMON SHARES."

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAUL RAMIREZ
2455 W. FLAGLER ST.
MIAMI, FL. 33135

Prepared By: RAUL RAMIREZ
2455 W. FLAGLER ST.
MIAMI, FL. 33135
305 6214528

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**ARTICLE V
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RAUL RAMIREZ
2455 W. FLAGLER ST.
MIAMI, FL. 33135

DIRECTOR
& PRESIDENT

ARMANDO CUBAS
2455 W. FLAGLER ST.
MIAMI, FL. 33135

DIRECTOR
& VICE-PRESIDENT
& SECRETARY

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2 day of 11, 1998

Raul Ramirez
Signature

Armando Cubas
Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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.

1. The name of the corporation is: R.A. MEDICAL CENTER, INC.

2. The name and address of the registered agent and office is:

RAUL RAMIREZ
2455 W. FLAGLER ST.
MIAMI, FL. 33135

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.

Raul Ramirez
(SIGNATURE)

11/20
(DATE)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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