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Division of Corporations

Page 1 of 2

The English Translation is

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Florida Department of State

Division of Corporations
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Sandra B. Mortham, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)867-8448

Fax Number : (305)867-8200

FLORIDA PROFIT CORPORATION OR P.A.

CENTRO MEDICO NATURISTA,, CORP.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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SECNETARY 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: CENTRO MEDICO NATURISTA, CORP.

ARTICLE II PRINCIPAL OFFICE

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

8861 S.W. 142 AVE. BUILDING 9 #26 MIAMI, FL. 33186

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:

ALLAN MARQUEZ 8861 S.W. 142 AVE, BUILDING 9 #26 MIAMI, FL. 33186

Prepared By: ALLAN MARQUEZ

8861 S.W. 142 AVE. BUILDING 9 #26

MIAMI, FL. 33186 (305)3853056

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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):

ALLAN MARQUEZ 8861 S.W. 142 AVE. BUILDING 9 #26 MIAMI, FL. 33186 **DIRECTOR & PRESIDENT**

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

OB day of December, 1998

Wyll
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: CENTRO MEDICO NATURISTA, CORP.
- 2. The name and address of the registered agent and office is:

ALLAN MARQUEZ 8861 S.W. 142 AVE. BUILDING 9 #26 MIAMI, FL. 33186

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)

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DATE)

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