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

99 JAN 19 PH 4: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: EMBASSY LAKES MEDICAL CENTER (Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

**\$78.75** 

Filing Fee & Certificate □\$122.50

\$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Name (Printed or typed)

10824 NORTH KENDALL Dr. # 5-30 Address

FLORIDA 33176 City, State & Zip

NOTE: Please provide the original and one copy of the articles.

ARTICLES'OF INCORPORATION	- FILEU.
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE I NAME The name of the corporation shall be:	TALLAMA
EMBASSY LAKES MEDICAL CENTER	L, Inc.,
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:	
2515 HIATUS ROAD	
COOPER CITY, FL 33328	
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding	g at any one time is:
1,000	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET AT	DDRESS
The name and Florida street address of the initial registered agent are:	
THANHTAM HUYNH	
8245 S.W. 99 COURT , MIAMI , FL , 33173	· · · · · · · · · · · · · · · · · · ·
ARTICLE V INCORPORATOR (305)	) 275 - 8511
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
THUM AL NIGHYEN D. O.	
10824 NORTHKENDALL DRIVE # 8-30	
MIAMI, FL 33176 (305)	412-9657

(An additional article must be added if an effective date is requested.)

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

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- And -	01/15/1999
Signature/Registered Agent  Manual  Ma	Date
THANHTAM HUYNH	