

P99000077760

TRANSMITTAL LETTER

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

800002972069--6
-08/27/99-01051--015
*****78.75 *****78.75

SUBJECT: EMBASSY MEDICAL CENTER, PA.
(Proposed corporate name - must include suffix)

RECEIVED DATE
8/25/99

Enclosed is an original and (1) one copy of the Articles of Incorporation and a check for \$78.75

FROM: GELBER AND COMPANY

Name

285 N.W. 199TH Street, Suite 204

Address

Miami, FL 33169

City, State & Zip

(305) 651-8000

Daytime Telephone number

FILED
99 AUG 27 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS8/31/99

ARTICLES OF INCORPORATION

EFFECTIVE DATE:
8/25/99

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be **EMBASSY MEDICAL CENTER, INC.** The nature of this professional association is Medical Services.

ARTICLE II PRINCIPAL OFFICE

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

**613 EAST 49TH STREET
HIALEAH, FL 33013**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

**THUAT NGUYEN
613 EAST 49TH STREET
HIALEAH, FL 33013**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

**THUAT NGUYEN
613 EAST 49TH STREET
HIALEAH, FL 33013**

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TALLAHASSEE, FLORIDA

ARTICLE VI EFFECTIVE DATE

The effective date of this corporation shall be: AUGUST 25, 1999

99 AUG 27 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

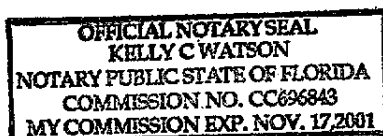
✓ Ty
Signature/Incorporator

8/20/99
Date

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.

✓ Ty
Signature/Registered Agent

8/20/99
Date



IN WITNESS WHEREOF,
I have signed by name and affixed
25th my official notary seal this
day of August, 1999
Kelly C Watson
Notary Public