OFFICE DE ONLY Document (Address) MIAMI, FLORIDA (305)552-5973

200002988972

Examiner's Initials

(City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 200 Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status AMENDMENTS NEW FILINGS Amendment Profit NonProfit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation

Reinstatemént

Trademark

Other



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

September 17, 1999

LAZARUS CORPORATE FILING SERVICE, INC. 3320 S.W. 87TH AVE. MIAMI, FL

SUBJECT: DOLPHIN MEDICAL CENTER, INC.

Ref. Number: W99000021398

We have received your document for DOLPHIN MEDICAL CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Carolyn Batten Document Specialist

Letter Number: 499A00045735

ARTICLES OF INCORPORATION

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

Incorporation.	poranon Aci, nereby adopi(s) ine j	'ollowing Articles of 	r	
	ARTICLE I NAMI	<u>로</u> -	99 SEP	·
The name of the corp	poration shall be:		P 20	
<u>Premier Medi</u>	cal Center, Inc	-	2: 1	
			55 55	
	ARTICLE II PRINCIPAL	<u>OFFICE</u>	·	
The principal place o	f business and mailing address o	of this corporation s	shall be:	
	7600 west 20 ave uni Hialeah,fl 33016	A CONTRACTOR OF THE CONTRACTOR		to the second se
	ARTICLE III SHARE	<u>:S</u>	NG SZEGENY ZELJE VEGG. J.	manda vor fin er e er er
The number of share outstanding at any or	s of stock that this corporation is ne time is:	s authorized to hav	e	
,	100		The second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the section of t	and the same of th
	NITIAL REGISTERED AGENT		<u>DDRESS</u>	
The name and addres	s of the initial registered agent is	5:		
	Rigoberto gato 139	30 sw 18street	Mia fl3317	

ARTICLE V INCORPORATOR(S)

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

	13911 sw 18 terra		Miami, fl 33175
	ARTICLE VI DIREC	CTOR(S)	
The name(s) and stre Incorporation is (are	et address(es) of the director	r(s) to these A	rticles of
Rigoberto Gato	13930 sw 18 st	E	Miami,fl 33175
Carlos Llanos	13911 sw 18 terra	ce -	Miami, Fl 33175
		at all those Aut	iolog of Ingornaration
The undersigned inco	orporator(s) has (have) execu	nted these Art	icles of Incorporation
		[] A	- At -
		looks	Signature SEC 99
		looks	Signature

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

RÉGISTERED AGENT