

P99000090013

TRANSMITTAL LETTER

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

000003009680--4
-10/08/99--01048--005
*****70.00 *****70.00

SUBJECT: ASSOCIATED DOCTORS HOSPITALS, INC.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 70.00.

FROM:

Tucker, Jeff
Name (printed or typed)
2915 SW 13 ST
Address
Miami, FL 33145
City, State, & Zip
()
Telephone Number

FILED
99 OCT -8 AM 7:57
TALLAHASSEE, FL 32314
DIVISION OF CORPORATIONS

Note: Please provide the original and one copy of the Articles.

CB
10-13-99
4

ARTICLES OF INCORPORATION

OF

ASSOCIATED DOCTORS HOSPITALS, INC.

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.

ARTICLE I NAME

The name of the corporation shall be:

ASSOCIATED DOCTORS HOSPITALS, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

2915 SW 13 ST Miami, FL 33145

ARTICLE III SHARES

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

100 @ \$1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: **Tucker Jeff**

2915 SW 13 ST Miami, FL 33145

ARTICLE V INCORPORATOR(S)

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

Tucker Jeff

2915 SW 13 ST Miami, FL 33145

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

28 day of Sept, 19 99.



Signature

Signature

Signature

Articles of Incorporation

Filing Fee - \$35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 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: _____

ASSOCIATED DOCTORS HOSPITALS, INC.

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

Tucker Jeff

(NAME)

2915 SW 13 ST

(P.O. BOX NOT ACCEPTABLE)

Miami FL 33145

(CITY/STATE/ZIP)

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 _____

DATE 9 28 99

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FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA