

TRANSMITTAL LETTER

P99000090267

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

SUBJECT: HEALTH TRUST INTERNATIONAL INC.  
(Proposed corporate name - must include suffix)

400003010014--9  
-10/08/99--01068--018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of Status

☒ \$78.75 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: BRYAN SILVER  
Name (Printed or typed)

PO BOX 832304  
Address

MIAMI, FL 33283  
City, State & Zip

305 740-0177  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 OCT -8 PM 1:15

FILED

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

10-13-99

## ARTICLES OF INCORPORATION

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:

HEALTH TRUST INTERNATIONAL INC.

### ARTICLE II PRINCIPAL OFFICE

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

PO BOX 832304  
MIAMI, FL. 33283

### ARTICLE III SHARES

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

500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

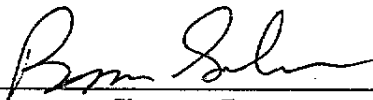
The name and Florida street address of the initial registered agent are:

BRYAN SILVER 12973 SW 112TH ST. #157  
MIAMI, FL 33186

### ARTICLE V INCORPORATOR

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

BRYAN SILVER 12973 SW 112TH ST. #157  
MIAMI, FL 33186



Signature/Incorporator

10-6-99

Date

(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



Signature/Registered Agent

10-6-99

Date

99 OCT -8 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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