

P03000a100255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

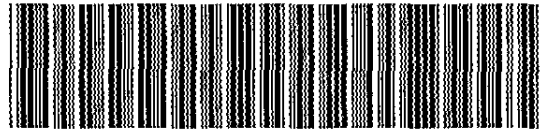
(Business Entity Name)

(Document Number)

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RECEIVED  
03 SEP 12 AM 10:45  
DIVISION OF CORPORATION

FILED  
03 SEP 12 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten initials

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. LIBERTY MEDICAL CENTER INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

FILED

FOR

03 SEP 12 PM 12:34

**LIBERTY MEDICAL CENTER INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

**LIBERTY MEDICAL CENTER INC.**

ARTICLE II PRINCIPAL OFFICE

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

1620 N.E. 160<sup>TH</sup> STREET  
NORTH MIAMI BEACH, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

**ARTICLE IV REGISTERED AGENT**

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

ALICIA BRAVO COLLADO  
1620 N.E. 160<sup>TH</sup> STREET  
NORTH MIAMI BEACH, FL 33162

**ARTICLE V INCORPORATOR**

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

PASCUAL ZEQUEIRA  
ALICIA BRAVO COLLADO  
FRANCISCO MAYA  
1620 N.E. 160<sup>TH</sup> STREET  
NORTH MIAMI BEACH, FL 33162

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Pascual Zequeira  
Signature of Incorporator

9/11/03  
Date

**ARTICLE VI DIRECTOR(S)/OFFICER(S)**

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

PASCUAL ZEQUEIRA (P)  
ALICIA BRAVO COLLADO (V/T)  
FRANCISCO MAYA (S)  
1620 N.E. 160<sup>TH</sup> STREET  
NORTH MIAMI BEACH, FL 33162

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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.

Alicia B. Collado  
Signature

9/11/03  
Date