Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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14 PM 4:5

FLORIDA PROFIT/NON PROFIT CORPORATION

LANET HEALTH MEDICAL CENTER AT TAMPA CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

A III II PALES

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1. NAME: The name of the corporation is:

ARTICLE II PRINCII	PAL OFFICE:		
The principal street address and	d mailing address	is:	
10305 NW 41 Street SU	jte 115		
DOTAL FL 33178			79
			2023 JUL
ICLE III SHARES: The number of sha	res of stock is:	100	
ARTICLE IV INITIAL DIRECTO	DRS AND/OR C	FFICERS:	÷
Nalanys C Roque	· ·		- 02
Diana J Santiso	- 1/1°CQ	President	 - .
RTICLE V INITIAL REGISTERED A	GENT AND STI	REET ADDRESS	-
·			
name and Florida street address (PO Box no	t acceptable) of th	e registered agen	t is:
name and Florida street address (PO Box no	t acceptable) of th		t is:
	t acceptable) of th	e registered agen	t is:
name and Florida street address (PO Box not Diana J. Santisa) 10305 NW 41 DOCAL, FL REICLEVI INCORPORATOR: The name	STRE	e registered agen	t is: -) 1
name and Florida street address (PO Box not Diana J. Santisa) 10305 NW 41 DoraL, FL	STRE	e registered agen	t is: - - - - - - is:

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent 7 13 2023

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Incorporator

7 13/2023 Date

TALLAHASSEE, FI ORIDI