

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# P1400002428

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

### FRIENDS OF FAMILY HEALTH, CORP

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

RECEIVED

14 JAN -9 PM 4: 18

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

14 JAN -9 PM 12: 59

*Handwritten signature and date: 01/10/14*

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: FRIENDS OF FAMILY HEALTH, CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

17241 SW 143 CT

MIAMI, FL. 33177

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO DO AS MUCH AS WE CAN FOR OUR PATIENTS  
HEALTH.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

LEONARDO TROBATO-LOBAYNA, ARNP. (President)

Address:

SAME AS ABOVE

Address:

Name and Title:

YENISEY CRESPO (VICE PRESIDENT)

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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(cont.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

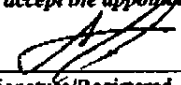
Name: LEONARDO TROBAJO-LOBAYNA  
Address: 17241 SW 143 CT  
MIAMI, FL, 33177

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LEONARDO TROBAJO-LOBAYNA  
Address: 17241 SW 143 CT  
MIAMI, FL, 33177

*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*

  
Required Signature/Registered Agent

01/09/14  
Date

*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.*

  
Required Signature/Incorporator

01/09/14.  
Date

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TALLAHASSEE, FLORIDA

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