P16000002060

Florida Department of State
Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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
Fax Number : (305)675-5944

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16 JAN -8 AM 12:00

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FLORIDA PROFIT/NON PROFIT CORPORATION
HIGHT POINT MEDICAL SERVICES INC

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

JAN 11 2016

S. GILBERT

Corporate Filing Menu Help

ARTICLES OF INCORPORATION H16000006419

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

ARTICLE I NAME: The name of the corporation is:

HIGHT POINT MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

175 FOUNTAINEBLEAU BLVD SUITE 1-H
MIAMI FL 33172

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ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Rayner Betancourt (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Rayner Betancourt
175 Fountainebleau BLVD Suite1-H
Miami FL 33172

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Rayner Betancourt
175 Fountainebleau Blvd Suite 1-H
Miami FL 33172

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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 _____ 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.

Incorporator _____ Date _____

H16000006419