F11000005532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

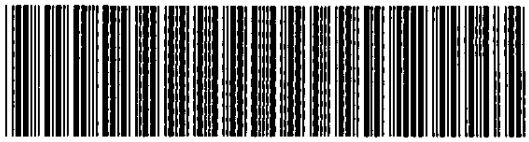
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: GAVE
Noreen Lindo
AUTHORIZATION BY PHONE TO
CORRECT Sullivan
DATE #5
DOC. EXAM

Office Use Only



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12/03/10--01033--001 **87.50

FILED
11 FEB -7 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1-56506
PS 2/8/11

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2010

MRS. NOREEN LIENDO
ENGLISHLINGUA LLC
FERRIS EXECUTIVE CENTER 620 E TWIGGS ST
TAMPA, FL 33602

SUBJECT: CENTRO MEDICO PASO REAL, S.A. (CO.)
Ref. Number: W10000056506

We have received your document for CENTRO MEDICO PASO REAL, S.A. (CO.) and your check(s) totaling $87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 110A00028267

ENGLISHLINGUA LLC

February 1, 2011

Ref. Number W10000056506

Florida Department of State
Division of Corporations
New Filing Section
PO Box 6327
Tallahassee, FL 32314
Attention: Pamela Smith

Letter Number: 110A00028267

Dear Ms. Smith,

Pursuant to the attached request for documentation, please find enclosed our Certificate of Existence and Good Standing.

For your convenience, it has been translated into English and is an original document.

Upon your review, we look forward to your approval of our Application by Foreign Corporation for Authorization to Transact Business in Florida.

Sincerely,

Noreen Liendo

Noreen Liendo, Secretary

Enclosures

620 E Twiggs Street, Suite 200, TAMPA, FL 33602 USA
Telfs.: (813) 326.6700 / (813) 443.0963 - Fax: (813) 443.0964 // www.englishlinguallc.com

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CENTRO MEDICO PASO REAL, S.A. (CO.)
Name of corporation - must include suffix

↓
IT MEANS "COMPANY" IN VENEZUELA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MRS. NOREEN LIENDO
Name of Person

ENGLISHLINGUA LLC
Firm/Company

FERRIS EXECUTIVE CENTER, 620 E. TWIGGS STREET, TAMPA, FL 33602
Address

TAMPA, FLORIDA 33602
City/State and Zip code

noreen@englishlinguallc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOREEN LIENDO at (813) 443-0963
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☑ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CENTRO MEDICO PASO REAL S.A. Co.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. VENEZUELA
(State or country under the law of which it is incorporated)

3. N/A
(FEI number, if applicable)

4. MAY 10, 1989
(Date of incorporation)

5. 70 Years - Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. URB. PASO REAL CHARALLAVE, ESTADO MIRANDA, VENEZUELA
(Principal office address)

URB. PASO REAL, CHARALLAVE, ESTADO MIRANDA, VENEZUELA
(Current mailing address)

8. PRIVATE HOSPITAL ONLY IN VENEZUELA.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NOREEN LIENDO

Office Address: FERRIS EXECUTIVE CENTER
620 E. TWIGGS STREET, 2ND FL

TAMPA (City), Florida 33602 (Zip code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Noreen Liendo
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ALBERTO RASQUIN

Address: CENTRO MEDICO PASO REAL S.A., URB. PASO REAL, CHARALLAVE
ESTADO MIRANDA, VENEZUELA

Vice Chairman: CAROLINA RASQUIN

Address: SAME AS ABOVE

Director: ANA TERESA FERNANDEZ

Address: SAME AS ABOVE

Director: MARCO BRAMANTI

Address: SAME AS ABOVE

B. OFFICERS

President: ALBERTO RASQUIN

Address: SAME AS ABOVE

Vice President: CAROLINA RASQUIN

Address: SAME AS ABOVE

Secretary: NOREEN LIENDO C/O ENGLISH LINGUA, LLC

Address: FERRIS EXECUTIVE OFFICE CENTER - SUITE 210
620 E. TWIGGS STREET, TAMPA, FL 33602

Treasurer: N/A

Address: N/A

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. ALBERTO RASQUIN, CHAIRMAN
(Typed or printed name and capacity of person signing application)

Elizabeth Plotnikov O
IPSA. 105.174

I, Elizabeth Plotnikov, attorney in Law of the Republic of Venezuela, holder of the Identity Card Number 11.471.782, and registered at the BAR Number 105.174, certify from the records of this office that CENTRO MÉDICO PASO REAL S.A., is a company organized under the laws of Venezuela, filed on may 10th. 1989.

The Company was registered at the Fourth Registry Office of the Capital District and Miranda Estate, under N° 27, Book 41-A- Pro.

I further certify that said company has paid all fees and National taxes due by December 31st. 2009, y and its status is active.

I further certify that said company has not filed Articles of Dissolution.

Elizabeth Plotnikov O.

FILED
11 FEB -7 PM 2:19

Moreno y Suiñe XXI Alfredo

Fecha Emisión 13/12/2010 200° y 151°

SAREN

República Bolivariana de Venezuela
Ministerio del Poder Popular para Relaciones Interiores y Justicia
Servicio Autónomo de Registros y Notarías

La PUB desde su emisión tiene una vigencia de treinta (30) dias continuos para ser cancelada. Una vez efectuada la cancelación respectiva, tiene una vigencia de sesenta (60) dias no prorrogables para presentar el documento. Agotados dichos lapsos, la PUB es nula y deberá emitirse una nueva PUB para realizar el trámite, debiendo cancelarse nuevamente el monto

PLANILLA UNICA BANCARIA

Número Planilla: **086 -00021810**

TIPO DE ACTO
AUTENTICACION

Nombre y Apellido del Solicitante
JHON GODOY

CI / RIF / Pasaporte del Solicitante
5.682.427

Nombre y Apellido del Depositante
MARY COLMENARE

CI / RIF / Pasaporte del Depositante
5.682.427

Firma del Depositante

```
T10 C001116-0169          22/12/2010 13:21:57 073
PLN:08600021810 FEM:13122010 CSP:48800000000
Efec.:182,00 CHQ.Bco:0,00 CHQ.Otro Bco:0,00
Total:182,00 CSS:VUTZRWVJJXS46
BCO 0175-0116 CSS V-UTZR-WVJJ-XS46
NTR 00000169 FEC 22-12-2010 HRM 13:21
MRS 162
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Número Control: 488-0000-0000

Forma de Pago	Nº Cheque / Aprobacion	Monto (Bs.F)
Monto Efectivo		
Cheque mismo Banco		
Punto de Venta		
Pago por Internet		

CIENTO OCHENTA Y DOS BOLIVARES FUERTES CON CERO CENTIMOS.

Monto Total **182,00**

SOLO PARA USO DEL SAREN

	FUNCIONARIO EMISOR	FUNCIONARIO RECEPTOR	FUNCIONARIO REVISOR	REGISTRADOR / NOTARIO
Nombre(s) y Apellidos	Elizabeth L.	Nehomar Longa	Dra. Magaly J. Maraima C.	Dra. Nancy Rodriguez de Armas
Cedula de Identidad	C.I. 6	C.I. 16.092.985		
Cargo	ESCRIBIENTE	ESCRIBIENTE I	Jefe de Servicio Revisor del Municipio Cristobal Rojas Charallave - Edo. Miranda	Notario Público ... Municipio ... Rojas Autónomo CHARALLAVE EDO. MIRANDA
Fecha				
Firma				

Sello de la Oficina | **Bancos Recaudadores** | **Sello y Firma del Banco**

0003 - Banco Industrial de Venezuela
0007 - Banco Bicentenario
0102 - Banco de Venezuela
0163 - Banco del Tesoro
0108 - Banco Provincial

22 DIC 2010 — RECIBIDOR

TRASLADO	0,00
TRANSPORTE	0,00

Solo para Uso de la Oficina Notarial

FILED 2011 FEB 17 PM 2:19

Elizabeth Plotnikov
Abogado
IPSA. 105.174

NOTARIA PUBLICA DEL MUNICIPIO AUTÓNOMO CRISTÓBAL ROJAS CHARALLAVE - EDO. MIRANDA
RECIBIDO EL 12-1-2011
PLANILLA Nº 000309
FIJADO PARA EL DIA 11/1/2011

Por medio del presente documento, yo, ELIZABETH PLOTNIKOV, abogado en ejercicio, titular de la Cédula de Identidad No. 11.471.782, y registrada en el Instituto de Previsión Social del Abogado bajo el No. 105.174, declaro que CENTRO MÉDICO PASO REAL S.A., es una compañía legalmente constituida bajo las leyes venezolanas, en fecha 10 de mayo de 1989.

La Compañía en cuestión fue registrada ante el Registro Mercantil IV, del Distrito Capital y Estado Miranda, bajo el No. 27, Tomo 41-A-Pro.

De igual manera declaro que la Compañía se encuentra al día con los Impuestos Nacionales a la fecha del 31 de diciembre de 2009, y que su estatus es activo. Así mismo, constato que la Compañía no se ha disuelto a la fecha de autenticación del presente documento.

Charallave, a la fecha de su autenticación.

FILED
11 FEB -7 PM 2:19

Elizabeth Plotnikov

SERVICIO AUTÓNOMO DE REGISTROS Y NOTARÍAS
Ministerio del Poder Popular para Relaciones Interiores y Justicia

Cuarenta y Nueve (49)

REPUBLICA BOLIVARIANA DE VENEZUELA. MINISTERIO DEL PODER POPULAR PARA RELACIONES INTERIORES Y JUSTICIA. DRA. **NANCY RODRÍGUEZ DE ARMAS**. NOTARIA PÚBLICA DEL MUNICIPIO AUTÓNOMO CRISTÓBAL ROJAS DEL ESTADO MIRANDA. Charallave, Trece (13) de Enero del Año Dos Mil Once (2011). 200° y 151°. El anterior documento redactado por el Abogado: **Elizabeth Plotnikov.** Inscrito en el Inpreabogado bajo el N° **105.174,** fue presentado para su AUTENTICACIÓN y devolución, según planilla N° **000305,** de fecha: **12-01-2011,** debidamente Cancelada según **P.U.B** N° **086-00021810,** en fecha: **22-12-2010, por ante el Banco Banfoandes**. Presente su Otorgante bajo Juramento legal dijo ser y llamarse: **Elizabeth Plotnikov**, mayores de edad, domiciliado en: Charallave, e. de Miranda, de nacionalidad: **Venezolana**, de estados civil: **Soltera**, con cédula de identidad N°: **V-11.471.782**. Leídole y confrontado el original con sus fotocopias y firmadas éstas y el original en presencia del Notario, expusieron: "SU CONTENIDO ES CIERTO Y MIA LA FIRMA QUE APARECEN AL PIE DEL INSTRUMENTO". La Notaria en tal virtud da Fe Pública del presente documento y de las copias firmadas en original que conforman el tomo Principal y el tomo Duplicado, quedando inserto bajo el N° **016,** tomo **005**, de los libros de Autenticaciones, actuando como testigos instrumentales: **Nehomar Longa** y Jesica Hernandez, con cédulas de Identidad Nros: **V-16.092.985** y V-14.884.632, funcionarios de ésta Notaría designados para éste acto. La Notaria hace constar que ha dado lectura al Artículo 79, ordinal 2, de la Ley de Registro Público y del Notariado, e informo a las partes del contenido, naturaleza, trascendencia y consecuencias legales de los actos o negocios jurídicos otorgados en su presencia, las cuales manifestaron su plena conformidad.

LA NOTARIA PÚBLICA,

Dra. Nancy Rodriguez de Armas
Notario Público del Municipio
Autónomo Cristóbal Rojas
CHARALLAVE EDO. MIRANDA

EL OTORGANTE

LOS TESTIGOS,

FILED
11 FEB -7 PM 2:19