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**Florida Department of State**  
**Division of Corporations**  
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# Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION****CENTRO MEDICO FAMILIAR BUEN PASTOR INC**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## Corporate Filing Menu

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**ARTICLES OF INCORPORATION  
FOR**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

**ARTICLE I NAME:**

The name of the corporation shall be:

CENTRO MEDICO FAMILIAR BUEN PASTOR INC

**ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

The principal and mailing address of this corporation is:

3990 Sheeidan Street, Suite 214  
Hollywood, FL 33021

**ARTICLE III PURPOSE (S)**

The specific purpose(s) for which the corporation is organized is (are):

Health Care, providing diagnostic, lab, X-Ray, SONOGRAMS, CT SCAN and others, to help family members of low income

**ARTICLE IV MANNER OF ELECTIONS OF DIRECTORS:**

The manner in which the directors are elected or appointed is as follows:

By the ByLaws

**H09000123005**

**H09000123005****ARTICLE V LIMITATION OF CORPORATE POWERS**

The corporate powers of this corporation are as provided the section 617.0302, Florida Statutes, unless limited as follows:

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

GABRIEL G FLOREZ  
8288 NW 195 Terr.  
Hialeah, FL 33015

**ARTICLE VII DIRECTORS (must have the minimum of three directors): NAME AND ADDRESS**

GABRIEL G. FLOREZ	PRESIDENT
JUAN G. FLOREZ	VICE PRESIDENT
CIELO VARGAS	TREASURER

**ARTICLE VIII INCORPORATOR**

The name and street address of the incorporator for these Article of Incorporator is:

GABRIEL G. FLOREZ 8288 NW 195 Terr, Hialeah, FL 33015

The undersigned incorporator has executed these Articles of Incorporation this 15 day of MAY, 2009

Signature 

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

CENTRO MEDICO FAMILIAR BUEN PASTOR INC.

(must include suffix)

The name and address of the registered agent and office is:

GABRIEL G. FLOREZ

(name)

8288NW 195TH

(P.O. Box or Mail Drop Box NOT Acceptable)

HIWEEH, FL 33015

(City/State/Zip)

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

  
Signature of Registered Agent

05-15-09  
Date

**H09000123005**