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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

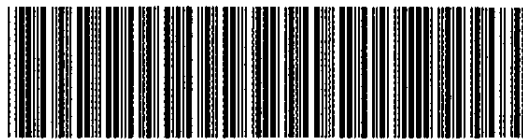
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

K 01/29/13

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: **RESOURCE COMMUNITY HEALTH CENTER INC**  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: **UVALDO GONZALEZ**  
Name (Printed or typed)

**759 NW 22 ND AVE**  
Address

**MIAMI, FL 33125**  
City, State & Zip

**305-649-0492**  
Daytime Telephone number

**medicalconsultingctr@gmail.com**  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: RESOURCE COMMUNITY HEALTH CENTER INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal ~~street~~ address:  
759 NW 22ND AVE  
STE 202  
MIAMI, FL 33125

Mailing address, if different

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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: THE PURPOSE IS TO PROVIDE CHARITABLE PREVENTIVE HEALTH CARE SERVICES TO THE  
UNDERSERVED, UNDERPRIVILEGED AND OR UNDOCUMENTED POPULATION IN THE STATE OF FLORIDA TO INCLUDE THE HOMELESS AND VICTIMS OF DOMESTIC VIOLENCE.

WE WILL SEEK DESIGNATION FROM HRSA AND CMS AS AN " FQHC" FEDERAL QUALIFIED HEALTH CENTER.  
WE WILL APPLY FOR 501 (C) (3) STATUS.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: BY MAJORITY VOTE OF THE  
BOARD OF DIRECTORS AS STATED IN THE BYLAWS AND APPLICABLE FEDERAL AND STATE LAWS.

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

Name and Title: MASIEL MOREIRA ; D,P,T  
Address: 1690 SW 69 AVE  
MIAMI, FL 33155

Name and Title: UVALDO GONZALEZ ;D,P,T  
Address: 1690 SW 69 AVE  
MIAMI, FL 33155

Name and Title: ESTHER GUERRA; D,S  
Address: 4900 SW 8 STREET  
MIAMI, FL 33144

Name and Title: JOSE D QUIROS; D  
Address: 815 N HOMESTEAD BLVD  
STE 209  
HOMESTEAD, FL 33030

Name and Title: MARISOL BORGES; D  
Address: 5847 SW 8TH STREET  
MIAMI, FL 33144

Name and Title: MARIO CUETO; D  
Address: 290 NAVARRE AVE  
STE 101  
CORAL GABLES, FL 33134

Name and Title: MARIA E RIVERO;D

Address: 4900 SW 8 STREET  
MIAMI, FL 33144

Name and Title: DIANEY ROJAS; D

Address: 6191 W 24TH AVE  
APT 102  
HIALEAH, FL 33016

Name and Title: BESSIE C NAVARRO;D

Address: 13835 SW 117TH AVE  
MIAMI, FL 33186

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: JOSE D QUIROS  
Address: 9745 SW 72ND STREET STE 110  
MIAMI, FL 33173

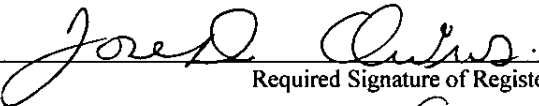
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MASIEL MOREIRA  
Address: 759 NW 22ND AVE STE 202  
MIAMI, FL 33125

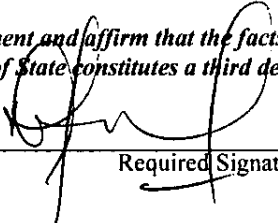
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

01.23.2013  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

01.23.2013  
Date