

Charter Number Only

P0000008491

Requestor's Name

420 S.E. 7th Ave.

Address

Hialeah, FL 33010

City

State

ZIP

Phone

0229A.

ATION ONLY

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-01/26/00--01007--021

*****78.75 *****78.75

CORPORATION(S) NAME

Christian Springs Medical Services
INC

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☐ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

RECEIVED
00 JAN 26 AM 9:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Cert.
copy

Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

OF

CHRISTIAN SPRINGS MEDICAL SERVICES INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CHRISTIAN SPRINGS MEDICAL SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1799 NE 164 STREET SUITE #105

NORTH MIAMI BEACH, FL 33162

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ANABEL RAMIREZ --(VICE-PRESIDENT)
1799 NE 164 Street Suite #105
NORTH MIAMI, FL 33162

CHRISTIAN RAMIREZ (PRESIDENT)
1799 NE 164 Street Suite #105
North Miami Beach FL 33162

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 JAN 26 AM 11:14

FILED


ARTICLE V INCORPORATOR(S)

The names and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

ANABEL RAMIREZ
1799 NE 164 Street Suite #105
North Miami Beach
FL 33162

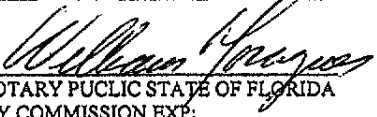
The undersigned has (have) executed these Articles of incorporation this

Twenty Five th day of JANUARY ~~1999~~ 2000

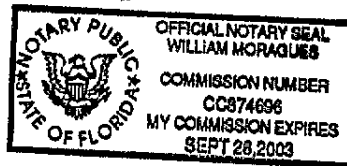


Signature/President

SWORN TO AND SUBSCRIBED BEFORE ME
THIS 25 DAY OF JAN A.D. 2000



NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES: _____



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

CHRISTIAN SPRINGS MEDICAL SERVICES INC

1. The name of the corporation is: _____

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

ANABEL RAMIREZ

(P.O. BOX NOT ACCEPTABLE)

1799 NE 164 Street, North Miami Beach FL 33162

(CITY/STATE/ZIP)

SIGNATURE

(corporate officer)

TITLE

PRESIDENT

DATE

JANUARY 25, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE

01/25/2000

FILED
JAN 26 AM 11:14
TALLAHASSEE FLORIDA
SECRETARY OF STATE

REGISTERED AGENT FILING FEE: \$20.00