

# P000000009226

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

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**To:**

Division of Corporations  
Fax Number : (850) 922-4001

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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00 JAN 27 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**P.F. MEDICAL CENTER, INC.**

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

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**ARTICLES OF INCORPORATION**  
**OF**  
**P.F. MEDICAL CENTER, 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:

P.F. MEDICAL CENTER, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

14220 S.W. 36 ST  
MIAMI, FL 33175

**ARTICLE III SHARES**

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

1000 AT NO PAR VALUE

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name of the initial registered agent is :

PASTOR FUSTER  
14220 S.W. 36<sup>TH</sup> ST  
MIAMI, FL 33175

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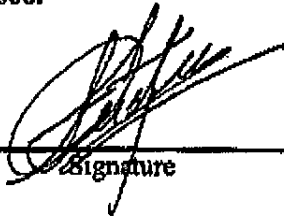
**ARTICLE V INCORPORATOR(S)**

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

**PRESIDENT**

**PASTOR FUSTER  
14220 S.W. 36<sup>TH</sup> ST  
MIAMI, FLORIDA 33175**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation  
this 26 Day of JANUARY 2000.

A handwritten signature in dark ink, appearing to read 'Pastor Fuster', is written over a horizontal line.

Signature

Signature

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

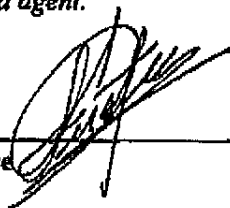
PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE  
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT  
IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

1. The name of the corporation is:  
**P.F. MEDICAL CENTER, INC.**
2. The name and address of the registered agent and office is:

**PASTOR FUSTER  
14220 S.W. 36<sup>TH</sup> ST  
MIAMI, FL 33175**

*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



14220 SW 36 ST  
Miami FL  
33175

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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