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LEONARUS CORPORATE FILING SERVICE, INC.

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(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. VICTORIA MEDICAL CENTER, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-03/13/00-01084-002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**Victoria Medical Center, Inc.**

**FILED**  
00 MAR 13 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**ARTICLE I - NAME**

The name of the corporation shall be:

**Victoria Medical Center, Inc.**

The principal place of business of this corporation shall be:

**1901 Southwest 1 Street  
2nd Floor  
Miami, FL 33135**

**ARTICLE II - NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III - CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is **1,000 shares, with One (\$ 1.00) Dollar par value.**

Authorized capital stock may be paid for in cash, services or property, at just value to be fixed by the Board of Directors of the corporation at any regular or special meeting.

**ARTICLE IV - TERM OF EXISTENCE**

This corporation is to exist perpetually.

### **ARTICLE V - OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, is(are):

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>ADDRESS</u></b>
Jose M. Roig	President	c/o 1901 S.W. 1 Street 2nd Floor Miami, FL 33135

### **ARTICLE VI - INCORPORATOR(S)**

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

Jose M. Roig  
c/o 1901 S.W. 1 Street 2nd Floor  
Miami, FL 33135

Signature(s) of Incorporator(s)

\_\_\_\_\_  
Jose M. Roig

**CERTIFICATE DESIGNATING**  
**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.

1. The name of the corporation is:

**Victoria Medical Center, Inc.**

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

**Jose M. Roig**  
**c/o 1901 S.W. 1 Street 2nd Floor**  
**Miami, FL 33135**

  
\_\_\_\_\_  
**Jose M. Roig, President**

Date: \_\_\_\_\_

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 the 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.

  
\_\_\_\_\_  
**Jose M. Roig, Registered agent**

Date: \_\_\_\_\_

**FILED**  
00 MAR 13 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA