

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

P0000000 89976

100003402231--8
-09/25/00--01029--013
*****78.75 *****78.75

CONTACT: CINDY HICKS

DATE: 9-22-00

REF. #: 0596.13/68

CORP. NAME: Centro Medico Hispano of
Miami Beach, Inc

- ☒ ARTICLES OF INCORPORATION ☐ ARTICLES OF AMENDMENT ☐ ARTICLES OF DISSOLUTION
☐ ANNUAL REPORT ☐ TRADEMARK/SERVICE MARK ☐ FICTITIOUS NAME
☐ FOREIGN QUALIFICATION ☐ LIMITED PARTNERSHIP ☐ LIMITED LIABILITY
☐ REINSTATEMENT ☐ MERGER ☐ WITHDRAWAL
☐ CERTIFICATE OF CANCELLATION ☐ UCC-1 ☐ UCC-3
☐ OTHER: _____

STATE FEES PREPAID WITH CHECK# 2395 FOR \$ 78.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☐ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING
☒ CERTIFICATE OF STATUS

Examiner's Initials

FILED
00 SEP 25 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 SEP 25 AM 9:57
PLAIN STAMPED COPY
TALLAHASSEE, FLORIDA

T. SMITH SEP 25 2000

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

CENTRO MEDICO HISPANO OF MIAMI BEACH, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7143 COLLINS AVE., MIAMI BEACH, FLORIDA 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL OFFICE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

JUAN OLIVA
7143 COLLINS AVE
MIAMI BEACH, FLORIDA 33143

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JUAN OLIVA
7143 COLLINS AVE
MIAMI BEACH, FLORIDA 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUAN OLIVA
7143 COLLINS AVE
MIAMI BEACH, FLORIDA 33143

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

Signature/Registered Agent

9/20/00
Date

Signature/Incorporator

9/20/00
Date

FILED
00 SEP 25 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA