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Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850)205-0381

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

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DIVISION OF CORPORATIONS
01 SEP 28 PM 2:21

FLORIDA PROFIT CORPORATION OR P.A.

FENIX MEDICAL CENTER, INC.

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

N. Oulligan SEP 28 2001

ARTICLES OF INCORPORATION

OF

FENIX MEDICAL CENTER, INC.

92 SW 80TH AVENUE

MIAMI FL 33144

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida General corporation act, hereby adopts(s) the following articles of incorporation.

ARTICLE I NAME

The name of this corporation shall be:

FENIX MEDICAL CENTER, INC.

The principal place of business of this corporation shall be:

92 SW 80TH AVENUE
MIAMI FL 33144

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities of 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 value that this corporation is authorized to have outstanding at any on the time is: 1000 Shares at ONE Dollar with a total of ONE THOUSAND Dollars.

ARTICLE IV TERM OF EXISTENCE.

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS.

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporations existence or until their successor(s) is(are) elected, is(are):

President:
YURISDAY HERNANDEZ
92 SW 80TH AVENUE
MIAMI FL 33144

ARTICLE VI INCORPORATION(S).

The name(s) and street address(es) of the incorporator(s) to this article of incorporation is(are)

President:
YURISDAY HERNANDEZ
92 SW 80TH AVENUE
MIAMI FL 33144

In witness whereof, the undersigned incorporator(s) has(have) executed these article of incorporation this 26th day of SEPTEMBER, 2001.

Signature(s) of incorporator(s)

YURISDAY HERNANDEZ

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.

1. The name of the corporation is:

FENIX MEDICAL CENTER, INC.

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

YURISDAY HERNANDEZ

92 SW 80TH AVENUE

(P.O. BOX NOT ACCEPTABLE)

MIAMI FL 33144

(CITY/STATE/ZIP)

SIGNATURE: 

TITLE

President

DATE :

SEPTEMBER 26th, 2001

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

SIGNATURE 

DATE SEPTEMBER 26th, 2001

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