

# P02000 108457

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

500008232575--9  
-10/07/02--01039--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: L. A. MEDICAL CENTER, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: HENRY I. OTERO

Name (Printed or typed)

14170 SW 84 STREET, # 503

Address

MIAMI, FL. 33183

City, State & Zip

(305) 387-9123

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2002 OCT -7 PM 2:47

FILED

NOTE: Please provide the original and one copy of the articles.

158 10/8/02

# ARTICLES OF INCORPORATION

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

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## ARTICLE I NAME

The name of the Corporation shall be:

**L . A. Medical Center, Inc.**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

**10300 Sunset Drive, Suite 435, Miami, FL. 33173**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any /or all legal businesses according to the laws of the State of Florida.

## ARTICLE IV SHARES

The number of shares of stock is:

One Thousand (1,000) shares common stock, \$1.00 par value.

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

**Aida Cardenas 17320 NW 63 Ave., Miami, FL. 33015 President, Treasurer**

**Layda O. Torres 17320 NW 63 Ave., Miami, FL. 33015 Vice President, Secretary**

## ARTICLE VI REGISTERED AGENT

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

**Henry I. Otero 14170 SW 84 Street, #503, Miami, FL. 33183**

## ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:


**Henry I. Otero 14170 SW 84 Street, #503, Miami, FL. 33183**

\*\*\*\*\*

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

9/27/02  
Date

  
Signature / Incorporator

9/27/02  
Date