

# Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000070233 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0381

from:

Account Name : ANA DALMAU ARES, P.A.

Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

ALMAU ARES, P.A. 0000268 229-8256 229-8252 SECRETARY OF STATE

# FLORIDA PROFIT CORPORATION OR P.A.

and the state of t

VALERIE MEDICAL CENTER, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$78.75 |

T. SAMTH MAR U 5 2003

(((H03000070233 9)))

### ARTICLES OF INCORPORATION

# VALERIE MEDICAL CENTER, INC.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

### ARTICLE I

The name of this corporation shall be:

## VALERIE MEDICAL CENTER, INC.

### ARTICLE II

Incorporation by the Department of State, State of Florida, and shall have perpetually existence.

ARTICLE III

The general nature of the business and all and shall have perpetually articles are all and shall have perpetually articles.

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ANA DALMAU ARES, P.A. 3636 SW 87<sup>TH</sup> AVE. MIAMI, FL. 33165

(((H030000702339)))

Transact any and all lawful business.

(1) Said corporation shall further have powers:

To have perpetual succession by its corporate name,

# VALERIE MEDICAL CENTER, INC.

## ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

## ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall

be:

GUDELIA M. SUAREZ 8420 W FLAGLER ST. - STE. 217 MIAMI, FL. 33144

The principal office shall be:

8420 W FLAGLER ST. - STE. 217 MIAMI, FL. 33144

(((H03000070233 9))

· 李代 、独特的 生生 生物 明報 A 、 ディー

PAGE 04

(((H03000070233 9)))

### ARTICLE VI

The initial Board of Directors and Shareholders of the Corporation shall be composed by TWO (2) persons, whose names and addresses are:

GUDELIA M. SUAREZ - PRESIDENT 200 NW 107<sup>TH</sup> AVE. - APT. 103 MIAMI, FL. 33172

50% SHAREHOLDER

NUBIA G. DUPEYRON - VICEPRESIDENT - 50% SHAREHOLDER 12035 SW 18<sup>TH</sup> STREET # 6 MIAMI, FL. 33175

The name and address of the incorporator executing these Articles of Incorporation is:

GUDELIA M. SUAREZ 8420 W FLAGLER ST. – STE. 217 MIAMI, FL. 33144

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 4<sup>TH</sup> day of March, 2003.

GUDELÍA M. SUAREZ PRESIDENT

(((H03000070233 9))

(((H03000070233 9)))

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The Name of the Corporation is:

# VALERIE MEDICAL CENTER, INC.

2. The name and address of the Registered Agent and office is:

GUDELIA M. SUAREZ 8420 W FLAGLER ST. – STE. 217 MIAMI, FL. 33144

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:

GUDELIA M. SUAREZ

DATE: 03/04/03

DATE: 03/04/03