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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
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

MEDICAL CENTER AT NORTHSIDE, INC.

Certificate of Status	0
Certified Copy	1
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D. WHITE APR 17 2003

ARTICLES OF INCORPORATION
OF

MEDICAL CENTER AT NORTHSIDE, INC.

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.

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ARTICLE I NAME

The name of the corporation shall be: MEDICAL CENTER AT NORTHSIDE, INC.

The principal place of business of this corporation shall be:

7900 N.W. 27 AVENUE, SUITE 298
MIAMI, FL 33147

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 value that this corporation is authorized to have outstanding at any one time is:

1000 SHARES AT \$1.00 PAR VALUE

ARTICLE IV TERMS 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, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

ROBERTA SCHULTE
7900 N.W. 27 AVENUE, SUITE 298
MIAMI, FL 33147

PREPARED BY: STEFANELLI AND BATALLA CPA PA
14411 COMMERCE WAY, SUITE 310
MIAMI LAKES, FL 33016
(305) 557-0303

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ARTICLE VI INCORPORATOR(S)

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

ROBERTA SCHULTE
7900 N.W. 27 AVENUE, SUITE 298
MIAMI, FL 33147

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of
Incorporation this 16 day of April, 2008

Signature(s) of Incorporator(s)



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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

MEDICAL CENTER AT NORTHSIDE, INC.

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

ROBERTA SCHULTE

7900 N.W. 27 AVENUE, SUITE 298

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33142

(CITY/STATE/ZIP)

SIGNATURE *Roberta Schulte*

TITLE Director

DATE 4-16-03

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 THIS 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.

SIGNATURE *Roberta Schulte*

DATE 4-16-03