

Division of Corporations

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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

FILED
03 APR 17 PM 3:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.
MEDICAL CENTER OF POMPANO BEACH, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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D. WHITE APR 17 2003

ARTICLES OF INCORPORATION
OF

MEDICAL CENTER OF POMPANO BEACH, 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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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: MEDICAL CENTER OF POMPANO BEACH, INC.

The principal place of business of this corporation shall be:

1800 N. FEDERAL HIGHWAY, SUITE 104
POMPANO BEACH, FL 33062

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
1800 N. FEDERAL HIGHWAY, SUITE 104
POMPANO BEACH, FL 33062

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

ARTICLE VI INCORPORATOR(S)

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

ROBERTA SCHULTE
1800 N. FEDERAL HIGHWAY, SUITE 104
POMPANO BEACH, FL 33062

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of
Incorporation this 16th 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 OF POMPAHO BEACH, INC.

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

ROBERTA SCHULTE
1800 N. FEDERAL HIGHWAY SUITE 104

(P.O. BOX NOT ACCEPTABLE)

POMPAHO BEACH, FL 33062

(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