

PO3000053791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

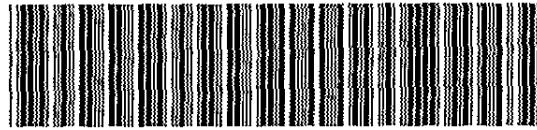
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
03 MAY 15 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
03 MAY 15 AM 10:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. NC MEDICAL CENTER INC.  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

NC MEDICAL CENTER INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

42 NW 27 AVE. STE: 306  
MIAMI, FL 33125

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

SHARES: 100 @ \$1.00

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

NADINE O. CRESPO (P/D)  
42 NW 27 AVE. STE: 306  
MIAMI, FL 33125

**ARTICLE VI REGISTERED AGENT**

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

NADINE O. CRESPO  
42 NW 27 AVE. STE: 306  
MIAMI, FL 33125


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

NADINE O. CRESPO  
42 NW 27 AVE. STE: 306  
MIAMI, FL 33125


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\*\*\*\*\*  
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

05-14-03

Date

  
\_\_\_\_\_  
Signature/Incorporator

05-14-03

Date