

P03000072585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

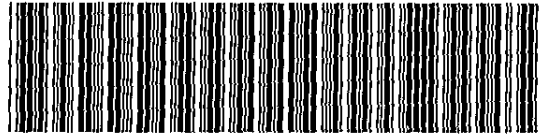
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100021126381

07/01/03--01007--023 \*\*78.75

RECEIVED  
DATE  
FILING  
OFFICE  
TALLAHASSEE  
FLORIDA

03 JUL -1 AM 10:33

RECEIVED  
DATE  
FILING  
OFFICE  
TALLAHASSEE  
FLORIDA

2003 JUL -1 PM 1:37

RECEIVED

FILED

15  
7/1/03

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 #

FILED

2003 JUL -1 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

OFFICE USE ONLY

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

1. JOY 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

**FILED**

2003 JUL -1 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

***JOY MEDICAL CENTER, INC.***

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**2876 S.W. 134 AVENUE  
MIAMI, FL. 33175**

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

300 shares \$1.00 per value

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**JOSE I DE LA OLIVA  
2876 S.W. 134 AVENUE  
MAIMI, FL. 33175**

ARTICLE V INCORPORATORS(S)

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOSE I DE LA OLIVA  
2876 S.W. 134 AVENUE  
MIAMI, FL. 33175

ARTICLE VI DIRECTOR(S)

The name (s)and street address(es) of the director(s) to these Articles of Incorporation is(are):

JOSE I DE LA OLIVA D/P/S/T/  
2876 S.W. 134 AVENUE  
MIAMI, FL. 33175

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this,

  
SIGNATURE

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 is:

JOY MEDICAL CENTER, INC.

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

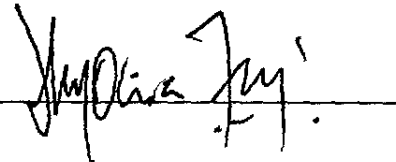
JOSE I DE LA OLIVA  
2876 S.W. 134 AVENUE  
MIAMI, FL. 33175

2003 JUL -1 PM 1:37  
CLERK OF STATE  
TALLAHASSEE FLORIDA

FILED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS 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



DATE

\_\_\_\_\_