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(Requestor's Name)

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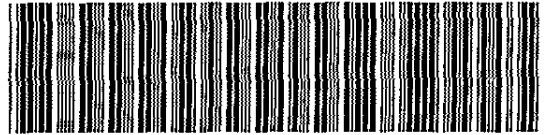
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓
7/10/03

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT:

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$70.00

FROM:
Duhme Medical Center, Inc.
Soonja Leibelt Yoon
5322 Duhme Road
St. Petersburg, FL. 33708

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
OF
DUHME MEDICAL CENTER, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Duhme Medical Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5322 Duhme Road
St. Petersburg, FL. 33708

ARTICLE III PURPOSE OF CORPORATION

The purpose of this corporation is to own and manage real estate in Florida

ARTICLE IV SHARES

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

1000 Shares

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is

Soonja Leibelt Yoon
5322 Duhme Road
St. Petersburg, FL. 33708

ARTICLE VI INCORPORATOR(S)

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

Soonja Leibelt Yoon
5322 Duhme Road
St. Petersburg, FL. 33708

The undersigned incorporator has executed these Articles of Incorporation this 30th day of June, 2003

x Soonja Leibelt Yoon
Signature

Article of Incorporation

Filing Fee - \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statements in designating the registered office/registered agent, in the state of Florida

1. The name of the corporation is:

Duhme Medical Center, Inc.

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

Soonja Leibelt Yoon
5322 Duhme Road
St. Petersburg, FL. 33708

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 x Soonja Leibelt Yoon

DATE x 6/30/03

REGISTERED AGENT FILING FEE \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314