

P03000124538

<http://efile.sunbiz.org/scripts/efilcovr.exe>

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000304883 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

03 NOV - 3 AM 9:29
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

SOUTH DADE TRAUMA CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 28, 2003

FAS-T CORP. AGENTS

SUBJECT: SOUTH DADE TRAUMA CENTER, INC.
REF: W03000031532

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

An effective date may be added to the Articles of Incorporation if a 2004 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

FAX Aud. #: H03000304883
Letter Number: 503A00058677

ARTICLES OF INCORPORATION
OF

South Dade Trauma Center, 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.

ARTICLE I NAME

The name of the Corporation shall Be:
South Dade Trauma Center, Inc.

The principal place of business of this corporation shall be:
3205 SW 106 Ave Miami, FL 33165 Principal Office

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 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

03 NOV -3 AM 9:29
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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):

Cristina A Franco
3205 SW 106 Avenue
Miami, FL 33165

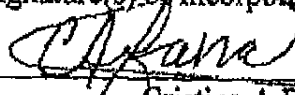
ARTICLES VI INCORPORATOR (S)

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

Cristina A Franco
3205 SW 106 Avenue
Miami, FL 33165

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 24 day of October 2003.

Signature(s) of Incorporator(s)



Cristina A Franco

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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:

South Dade Trauma Center, Inc..

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

Cristina A Franco

3205 SW 106 Avenue

(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33165

(CITY/STATE/ZIP)

SIGNATURE

TITLE

DATE

president

10/27/03

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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

DATE

10/27/03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV -3 AM 9:29

FILED