

P03000142905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

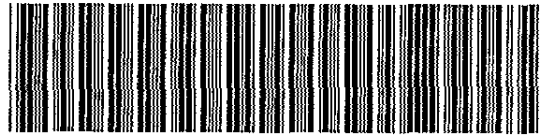
(Document Number)

Certified Copies 

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



200025055902

12/02/03: -01004--031 \*\*1023.75

FILED

03 DEC -2 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

03 DEC -2 AM 11:01

STATE  
CLERK  
TALLAHASSEE, FLORIDA

12-3-03

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 #

OFFICE USE ONLY

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

1. Good Will 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            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                        |
|--------------------------|----------------------------------------|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | 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:

GOOD WILL MEDICAL CENTER INC.

FILED

03 DEC -2 AM 11: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7392 NW 35 TERR. STE: 210  
MIAMI, FL 33122

## **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

## **ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

YONIXANDED MARTINEZ (P/D)  
AMPARO ADELAIDA HERRERA (V/D)  
7392 NW 35 TERR. STE: 210  
MIAMI, FL 33122

## **ARTICLE VI    REGISTERED AGENT**

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

YONIXANDED MARTINEZ  
7392 NW 35 TERR. STE: 210  
MIAMI, FL 33122

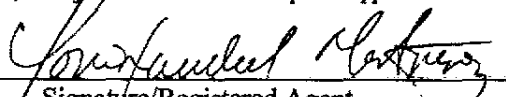
## **ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

YONIXANDED MARTINEZ  
AMPARO ADELAIDA HERRERA  
7392 NW 35 TERR. STE: 210  
MIAMI, FL 33122

\*\*\*\*\*

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

12-01-03

\_\_\_\_\_  
Date

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

12-01-03

\_\_\_\_\_  
Date