

P04000009696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

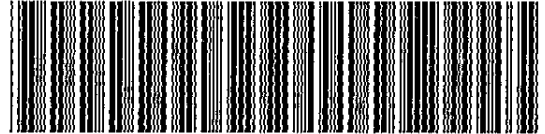
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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. S & M Medical Center Inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

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☒ Certified Copy

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☐ 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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF INCORPORATION

OF

J & M MEDICAL CENTER, INC.

The undersigned incorporator, for the purpose of performing a corporation under the Florida General Corporation Act, hereby adopts the followings Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

J & M Medical Center, Inc.

The principal place of business of this corporation shall be:

585 E 49 St. # 3

Hialeah, FL. 33013

ARTICLE II NATURE OF BUSINESS

The purpose of this corporation is to provide medical services as a health care center.

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 par value that this corporation is authorized to have outstanding at any one time is: 1000 **Shares- \$1.00 value**

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name and street address of the initial officer and director, if any, who shall hold office the first year of the corporation's existence or until their successor is elected, is:

Ricardo Emilio Presas

President

585 E 49 St. # 3

Hialeah, FL. 33013

Jose Luis Perez

Director

585 E 49 St. # 3

Hialeah, FL. 33013

Prepared by: Jose Luis Perez

585 E 49 St. # 3

Hialeah, FL. 33013

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ARTICLE VI INCORPORATOR

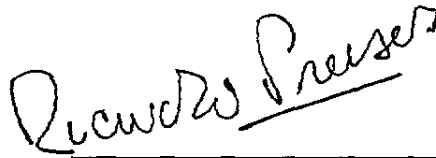
The name and street address of the incorporator is:

Ricardo Emilio Presas

**585 E 49 St # 3
Hialeah, FL. 33013**

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 8 day of January, 2004.

Signature of Incorporator



**STATE OF: FLORIDA
COUNTY OF: Miami-Dade**

THE FOREGOING instrument was acknowledged and sworn to before me this 8 day of January, 2004, by Ricardo Emilio Presas, FDL P622-725-49-125-0 of **J & M Medical Center, Inc.**

Notary Public

My Commission Expires: _____

(SEAL)
ARTICLES OF INCORPORATION FILING FEE:

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

1. The name of the corporation is: **J & M Medical Center, Inc.**
2. The name and address of the registered agent and office is:

Jose Luis Perez

**585 E 49 St. # 3
Hialeah, FL. 33013**

SIGNATURE

Jose L. Perez

TITLE: Director

DATE: January 8, 2004

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

Jose L. Perez

DATE: January 8, 2004

REGISTERED AGENT FILING FEE:

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