

P04000014180

(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



500026463345

01/20/04--01012--017 **708.75

RECEIVED

04 JAN 20 AM 10:52

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JAN 20 AM 11:06

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. Lifes-Plus 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/ 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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

LIFES PLUS MEDICAL CENTER, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5520 SW 92 AVE-MIAMI, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY & ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES AT \$ 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

YANDRIK GONZALO (P) 5520 SW 92 AVE-MIAMI, FL 33165

ARTICLE VI REGISTERED AGENT

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

YANDRIK GONZALO (P) 5520 SW 92 AVE-MIAMI, FL 33165

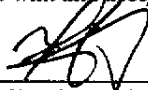
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

YANDRIK GONZALO (P) 5520 SW 92 AVE-MIAMI, FL 33165

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JAN 20 AM 11:07

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

01-16-2004

Date



Signature/Incorporator

01-16-2004

Date