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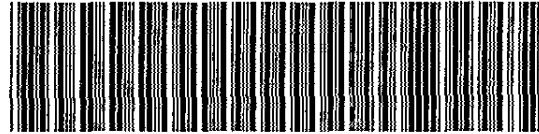
(Business Entity Name)

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LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

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

1. HEALING AT DORAL MEDICAL CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

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☐ 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

Examiner's Initials

ARTICLES OF INCORPORATION

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:

HEALING ... AT DORAL MEDICAL CENTER, INC.

ARTICLE II - PRINCIPAL OFFICE

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

4005 N.W. 114TH AVENUE, SUITE 2
MIAMI, FL 33178

ARTICLE III - PURPOSE

The purpose of this corporation is to engage in any or all-lawful business activity for which a corporation is permitted under the laws of the United States of America and of the State of Florida.

ARTICLE IV - CAPITAL STOCK

The number of shares of capital stock, which this corporation shall be authorized to issue, is one thousand (1,000) shares. Such shares shall be of a single class of common stock, and shall have a par value of One Dollars (\$1.00) per share.

PREPARED BY:
JN ACCOUNTING AND TAX SERVICE, INC.
10305 N.W. 41 STREET, SUITE 116
MIAMI, FL 33178

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ARTICLE V - DURATION

The Corporation shall have perpetual existence, provided that all of the requirements of the law are met.

ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JULIAN A. TORRES, M.D.
4005 N.W. 114TH AVENUE, SUITE 2
MIAMI, FL 33178

ARTICLE VII - INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JULIAN A. TORRES, M.D. 4005 N.W. 114TH AVENUE, SUITE 2
MIAMI, FL 33178

ARTICLE VIII - DIRECTOR(S)

The name(s) of the director(s) to these Articles of Incorporation is(are):

JULIAN A. TORRES, M.D., PRESIDENT/TREASURER/SECRETARY

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 24TH day of FEBRUARY, 2004.



JULIAN A. TORRES, M.D.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 is:

HEALING ... AT DORAL MEDICAL CENTER, INC.

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

JULIAN A. TORRES, M.D.

(NAME)

4005 N.W. 114TH AVENUE, SUITE 2

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33178

(CITY/STATE/ZIP)

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



DATE

2-24-04

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TALLAHASSEE, FLORIDA