

P0500034871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

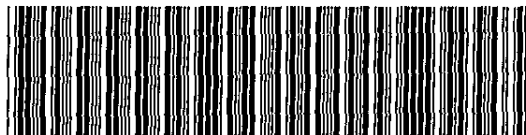
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

*[Handwritten Signature]*



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03/07/05  
11:10  
-7  
STARS  
VA

OFFICE USE ONLY(DOCUMENT #)

**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. VITA 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

☒ 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

Examiner's Initials

**ARTICLES OF CORPORATION  
OF  
VITA MEDICAL CENTER, INC.**

FILED  
05 MAR -7 PM 1:19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

- I - NAME: The name of this corporation is:  
VITA MEDICAL CENTER, INC.
- II - DURATION: This corporation shall have perpetual existence,  
unless sooner dissolved in accordance with the laws of the State  
of Florida.
- III - PURPOSE: This corporation is organized for the purpose of  
transacting any and all business permitted under the laws of the  
United States and of the State of Florida.
- IV - CAPITAL STOCK: This corporation is authorized to issue  
--- ONE HUNDRED --- ( 100 ) shares of --- NO --- par value  
Common stock, which shall be designated "Common Stock".
- V - PREEMPTIVE RIGHTS: Every shareholder, upon the sale for cash  
of any new stock of this corporation of the same kind, class or series  
as that which he already holds, shall have the right to purchase his  
pro rata share thereof (as nearly as may be done without issuances  
of fractional shares) at the price at which it is offered to others.
- VI - INITIAL PRINCIPAL OFFICE, MAILING ADDRESS AND  
INITIAL REGISTERED OFFICE AND AGENT:  
The street address of the initial principal and registered office of  
the Corporation is:

8009 N W 36<sup>TH</sup> STREET, SUITE 215  
MIAMI, FL 33166

and the name of the initial registered agent of this Corporation at that address is: YOLANDA SALINAS

**VII - INITIAL BOARD OF DIRECTORS:**

The Corporation shall have – ONE – (01) director(s) initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than ONE (01).

The name(s) and address(es) of the initially director(s) of this Corporation is (are):

YOLANDA SALINAS

11373 N W 7<sup>TH</sup> ST. #201  
MIAMI, FL 33172

**VIII - INDEMNIFICATION:**

The Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

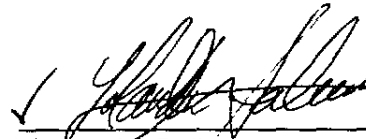
IX - INCORPORATOR:

The name(s) and address(es) of the person(s) signing these articles is (are):

YOLANDA SALINAS

11373 N W 7<sup>TH</sup> ST #201  
MIAMI, FL 33172

IN WITNESS WHEREOF, the undersigned subscriber(s) has (have) executed these articles of incorporation this 19<sup>th</sup> day of January 2005.



Yolanda Salinas

CERTIFICATE OF DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE  
OF FLORIDA, NAMING AGENT UPON WHOM SERVICE OF  
PROCESS MAY BE EFFECTIVE.

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In compliance with Section 607.034 of the Florida Statutes, the  
following is submitted:

VITA MEDICAL CENTER, INC.

desiring to organize or qualify under the laws of the State of Florida,  
with its principal place of business in the City of -- Miami --,  
County of -- Miami-Dade --, State of Florida, has named -- Yolanda  
Salinas - , located at: 8009 N W 36<sup>th</sup> Street, Suite 215  
Miami, FL 33166


City of -- Miami --, County of -- Miami-Dade --, State of Florida, as its  
agent to accept service of process within the State of Florida.

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ACKNOWLEDGEMENT

Having been named to accept service of process for the above  
mentioned Corporation, at the place designated in this Certificate, I  
Hereby agree to act in this capacity, and further agree to comply with  
the provisions of all Statutes relative to the proper and complete  
performance of my duties.

Dated this -- 19th day of -- January -- 2005.

  
Resident and registered agent  
Yolanda Salinas

05 MAR - 7 PM 1:19  
FILED  
CLERK OF COURT  
JANUARY 19 2005  
MIAMI-DADE COUNTY  
FLORIDA