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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FILED
05 MAY 27 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

PEDRO MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	1
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 5/31/✓

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: **PEDRO MEDICAL CENTER ,INC.**

ARTICLE II PRINCIPAL OFFICE

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

**2155 WEST 52 TH STREET SUITE 107
HIALEAH, FL, 33016.**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

This corporation is authorized to issued 100 shares of \$ 1.00 per value common stock which shall be designated to President .

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is:

**PEDRO PINAR
2155 WEST 52 STREET APT 107
HIALEAH, FL, 33016.**

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ARTICLE V INCORPORATOR(S)

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

PEDRO PINAR
2155 WEST 52 STREET APT 107
HIALEAH, FL, 33016.

ARTICLE VI DIRECTOR(S)

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

**PEDRO PINAR : 2155 WEST 52 STREET APT 107
HIALEAH, FL, 33016.**

The undersigned incorporator (so has (have) executed these Articles of Incorporation this
24 days of MAY of 2005.


Signature

Signature

Articles of Incorporation
Filing Fee.

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: PEDRO MEDICAL CENTER, INC.

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

PEDRO PINAR

(NAME)

2155 WEST 52 STREET SUITE 107

(P.O. BOX NOT ACCEPTABLE)

HIALEAH, FL. 33016

(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: MAY-23-2005

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