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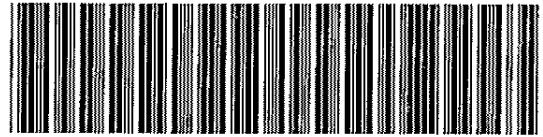
(Business Entity Name)

(Document Number)

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2005 AUG 17 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 AUG 11 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W05-38307

T. Hampton AUG 18 2005

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

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

1. COLONIAL MEDICAL CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2.05

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 12, 2005

LAZARUS CORPORATE FILING SERVICE

SUBJECT: COLONIAL MEDICAL CENTER, INC.
Ref. Number: W05000038307

RECEIVED
05 AUG 17 AM 11:46
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for COLONIAL MEDICAL CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P99000009075 (COLONIAL MEDICAL CENTER, INC.).

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Specialist
New Filings Section

Letter Number: 205A00051836

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:

G.B. Medical Center Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE II - PRINCIPAL OFFICE

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

130 E. Colonial Drive. Orlando, FL. 32801

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GONZALO O. BERNAL

130 E. Colonial Drive. Orlando, FL. 32801

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

GONZALO O. BERNAL

130 E. Colonial Drive, Orlando, FL 32801.

The undersigned incorporator has executed these Articles of Incorporation this 10 day of August 2005



Signature

ARTICLE VI- DIRECTOR(S)

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

GONZALO O. BERNAL

130 E. Colonial Drive ORLANDO, FL 32801

President.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature