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**LAZARUS  
CORPORATE FILING SERVICE**

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**MIAMI, FL 33165 (305) 552-5973**

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

1. DOCTOR'S MEDICAL CENTER OF HOMESTEAD  
(Corporation Name) (Document #)

2. INC.  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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**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**

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ARTICLES OF INCORPORATION  
OF

05 AUG 30 PM 4:06.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCTOR'S MEDICAL CENTER OF HOMESTEAD, INC.

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION KNOWN TO BE NATURAL PERSONS COMPETENT TO CONTRACT, HEREBY ORGANIZE AND INCORPORATE A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I. NAME

THE NAME OF THE CORPORATION IS:

DOCTOR'S MEDICAL CENTER OF HOMESTEAD, INC.

ARTICLE II. NATURE OF BUSINESS

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATE AND OF THIS STATE.

ARTICLE III. CAPITAL STOCK

THE MAXIMUM NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 500 SHARE OF COMMON STOCK HAVING A NOMINAL OR PAR VALUE OF \$ 1.00 PER SHARE.

ARTICLE IV. INITIAL CAPITAL

THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION WILL BEGIN BUSINESS  
IS: \$ 1,000.00

ARTICLE V. ADDRESS

THE INITIAL POST OFFICE ADDRESS OF THE PRINCIPAL OFFICE OF THIS CORPORATION IN THE STATE OF FLORIDA IS.

1240 NW 119 STREET MIAMI, FL 33167

THE BOARD OFFICERS MAY FROM TIME TO TIME MOVE THE PRINCIPAL OFFICE TO ANY OTHER ADDRESS.

**ARTICLE VI. DIRECTORS**

THIS CORPORATION SHALL HAVE 3 OFFICERS INITIALLY. THE NUMBER OF OFFICERS MAY BE INCREASED OR DIMINISHED FROM TIME TO TIME OR NOT SO INTERESTED.

**ARTICLE VII. INITIAL OFFICERS AND DIRECTORS**

THE NAME AND POST OFFICE ADDRESSES OF NUMBER OF THE FIRST BOARD OF OFFICERS ARE:

VENTURA DE PAZ	1240 NW 119 STREET, MIAMI, FL 33167
LUIS A. PORTAL	1240 NW 119 STREET, MIAMI, FL 33167
RIGOBERTO FRANCO, MD	1240 NW 119 STREET, MIAMI, FL 33167

THE INITIAL OFFICERS OF THIS CORPORATION ARE:

VENTURA DE PAZ, DIRECTOR	33.33%
LUIS A. PORTAL, DIRECTOR	33.33%
RIGOBERTO FRANCO, MD, DIRECTOR	33.33%

**ARTICLE IX. AMENDMENTS**

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY IT TO THE STOCKHOLDERS AND APPROVED AT THE STOCKHOLDERS' MEETING BY A MAJORITY OF THE STOCK ENTITLED TO VOTE THEREON, UNLESS ALL DIRECTORS AND ALL THE STOCKHOLDERS SIGN A WRITTEN STATEMENT MANIFESTING THEIR INTENTION THAT A CERTAIN AMENDMENT OF THESE ARTICLES OF INCORPORATION BE MADE.

IN WITNESS THEREOF, THE UNDERSIGNED HAVE HEREUNTO SET THEIR HANDS AND SEAL AND HAVE ACKNOWLEDGED AND FILED IN THE OFFICE OF THE SECRETARY OF STATE OF FLORIDA AS SUBSCRIBERS OF THE FOREGOING ARTICLES OF INCORPORATION THE 25<sup>TH</sup> DAY AUGUST, 2005.

  
\_\_\_\_\_  
VENTURA DE PAZ, DIRECTOR

  
\_\_\_\_\_  
LUIS A. PORTAL, DIRECTOR

  
\_\_\_\_\_  
RIGOBERTO FRANCO, MD, DIRECTOR

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05 AUG 30 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.325, 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

DOCTOR'S MEDICAL CENTER OF HOMESTEAD, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS

LUIS A. PORTAL

1240 NW 119 STREET

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33167

(CITY / STATE / ZIP)

SIGNATURE

Luis A. Portal  
LUIS A. PORTAL

TITLE

DIRECTOR

DATE

AUGUST 25, 2005

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THE CERTIFICATE I  
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO  
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE  
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT  
THE DUTIES AND OBLIGATIONS OF SECTION 607.325, STATUTES.

SIGNATURE

Luis A. Portal  
LUIS A. PORTAL

DATE

AUGUST 25, 2005

REGISTERED AGENT FILING FEE:

\$20.00