

POS000124939

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I200000C0146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FLORIDA PROFIT CORPORATION OR P.A.

BLUE HEART MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

05 SEP 12 AM 11:21

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

BLUE HEART MEDICAL CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4445 WEST 16 AVE - SUITE 501 - HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL OFFICE: ATTENDING PATIENTS AND PERFORMING MEDICAL STUDIOS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ENRIQUE RIVERA (PRESIDENT)

4445 WEST 16 AVE - SUITE 501 - HIALEAH, FL 33012

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ENRIQUE RIVERA

4445 WEST 16 AVE - SUITE 501 - HIALEAH, FL 33012

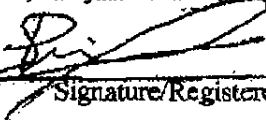
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

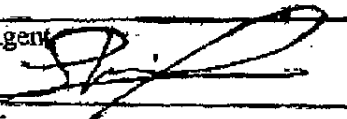
ENRIQUE RIVERA

4445 WEST 16 AVE - SUITE 501 - HIALEAH, FL 33012

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

SEPTEMBER 09, 2005

Date

SEPTEMBER 09, 2005

Date

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