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Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
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05 SEP 22 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FLORIDA PROFIT CORPORATION OR P.A.****POWER HEALTH MEDICAL CENTER, INC.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
POWER HEALTH MEDICAL CENTER, INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

POWER HEALTH MEDICAL CENTER, INC.

The principal place of business of this corporation shall be:

**114-B PONCE DE LEON
CORAL GABLES, FL 33135**

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

100 SHARES AT (\$10.00) PER VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (es) of the initial officer (s) and director (s), if any, who shall hold office the first year of the corporation's existence or until their successor (s) is (are) elected, is (are):

**YUNIEL ALONSO
771 NW 33RD AVENUE
MIAMI, FL 33125**

ARTICLE VI INCORPORATOR(S)

The name (s) and street address (es) of the incorporator (s) to this article of incorporation is (are):

**YUNIEL ALONSO
PRESIDENT
771 NW 33RD AVENUE
MIAMI, FL 33125**

IN WITNESS WHERE OF, the undersigned incorporator (s) has (have) executed these Articles of Incorporation this 21ST day of September, 2005.

Signature (s) of Incorporator (s)



Yuniel Alonso, President

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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:

POWER HEALTH MEDICAL CENTER, INC.

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

YUNIEL ALONSO, 771 NW 33RD AVENUE, MIAMI, FL 33125
(P.O. BOX NOT ACCEPTABLE)

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TALLAHASSEE, FLORIDA

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SIGNATURE: 

TITLE: **President/Agent**

DATE: **September 21, 2005**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS 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, FLORIDA STATUTES.

SIGNATURE: 

DATE: **September 21, 2005**