

PD5000136380

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05 OCT -5 PM 1:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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10/6/05

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. NEW HOPE MEDICAL CENTER INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
NEW HOPE MEDICAL CENTER INC.**

*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 corporation shall be:*

**NEW HOPE MEDICAL CENTER INC**

**ARTICLE II PRINCIPAL OFFICE**

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

**241 SE 2 STREET  
BELLE GLADE, FL 33430**

**ARTICLE III SHARES**

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

**600 SHARES AT \$1.00 PAR VALUE**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

*The name and address of the initial registered agent is:*

**BETTY GUERRERO  
3311 SW 117 CT.  
MIAMI, FL 33175**

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TALLAHASSEE, FLORIDA

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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):*

**BETTY GUERRERO  
3311 SW 117 CT  
MIAMI, FL 33175**

**ZULAY ROIG  
7527 SW 112 PL  
MIAMI, FL 33173**

**ARTICLES VI DIRECTOR(S)**

*The name(s) and street address(es) of the Director(s) is (are)*

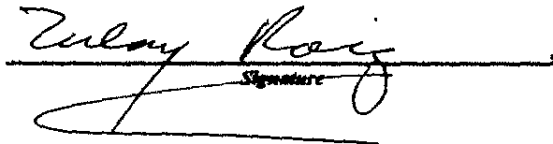
**BETTY GUERRERO (PRESIDENT)  
3311 SW 117 CT  
MIAMI, FL 33175**

**ZULAY ROIG (VICE-PRESIDENT)  
7527 SW 112 PL  
MIAMI, FL 33173**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation  
This day of October 1, 2005.



Signature



Signature

**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: NEW HOPE MEDICAL CENTER INC
2. The name and address of the registered agent and office is:

**BETTY GUERRERO**

**NAME**  
3311 SW 117 CT  
MIAMI, FL 33173

**P.O. BOX NOT ACCEPTABLE**

**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: October 1, 2005**

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