

005000140147

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000242642 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
05 OCT 13 PM 5:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

BUENAVENTURA MEDICAL CENTER INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

10/14
SH

FILED
05 OCT 13 PM 5:56
SECTION OF STATE
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION

OF

BUENAVENTURA 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: BUENAVENTURA MEDICAL CENTER INC.

The principal place of business of this corporation shall be:
12305 SW. 112 th. ST.
MIAMI, FL. 33186

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 State, 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 par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

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) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

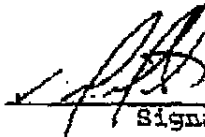
MICHAEL MARTI	DIRECTOR
13814 SW. 149 th. Circle Lane	
Apt. # 4	
Miami, Fl. 33186	

ARTICLE VI INCORPORATOR(S)

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

MICHAEL MARTI	PRESIDENT, SECRETARY & TREASURER
13814 SW. 149 th. Circle Lane	100 shares
Apt. # 4	
Miami, Fl. 33186	

The undersigned has(have) executed these Article of Incorporation this 13 th. day of October, 2005.

 / President

Signature/Title

Signature/Title

Signature/Title

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.

FILED
05 OCT 13 PM 5:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is: _____

BUENAVENTURA MEDICAL CENTER INC.

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

is MICHAEL MARTI

(Name)

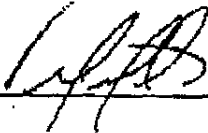
13814 SW. 149 th. CIRCLE LANE APT. # 4

(P. O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33186-8251

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 10-13-05