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LAZARUS CORPORATE FILING SERVIC 3320 SW 87 <sup>TH</sup> AVENUE MIAMI, FL 33165 305-552-5973	E	. <b>*</b> *.	FILED 06 JUN 27 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
COPPORATION NAME(S) & DOCUMEN	NT NHN		fice Use Only		
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. FIRST MEDICAL CENTER DF TAMPA INC.					
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OTHER FILINGS	REGIS1	TRATION/QUALIFICATION			
<ul> <li>Annual Report</li> <li>Fictitious Name</li> </ul>	🔲 Reii	ited Partnership nstatement demark	· .		

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**Examiner's Initials** 

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# ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 1 - NAME

The name of the corporation shall be:

FIRST MEDICAL CENTER OF TAMPA INC.

# **ARTICLE II - PRINCIPAL OFFICE**

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

12604 BIVE ROAN CT TAMPA FLORIDA 33625

# **ARTICLE III - SHARES**

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

# 100

# ARTICLES IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FREDDY DE LAS CASAS 12604 Blue ROAN CT TAMPA FLORIDA 33625

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# **ARTICLE V - INCORPORATOR**

The name and street address of the incorporator to these Articles of

Incorporation is:

FREDDY DE LAS CASAS 12604 Blue ROAN CT TAMPA FLORIDA 33625 The undersigned incorporator has executed these Articles of Incorporation this day of 2006.

Signature

# **ARTICLE VI- DIRECTOR (S)**

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

Freddy De ZAS CASAS PRESideNT

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Règistered Agent Signature