

P07000042/98

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

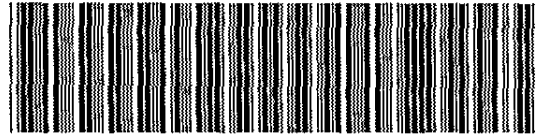
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/04/07--01008--004 **157.50

FILED

07 APR -4 AM 11:41

CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 APR -4 AM 10:30

CLERK OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

D. WHITE APR -5 2007

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. LEDDY SURGICAL & 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	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

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:

LEDDY SURGICAL & MEDICAL CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1840 WEST 49TH STREET - SUITE: 605
HIALEAH FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

IVAN D. MURIEL - PRESIDENT
ERNESTO M. CARRALERO - VICE-PRESIDENT
RUSQUIN DUANY MD - VICE-PRESIDENT
1840 WEST 49TH STREET - SUITE: 605
HIALEAH FL 33012

ARTICLE VI REGISTERED AGENT

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

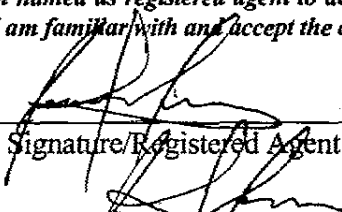
IVAN D. MURIEL
1840 WEST 49TH STREET - SUITE: 605
HIALEAH FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

IVAN D. MURIEL, ERNESTO M. CARRALERO, & RUSQUIN DUANY MD
1840 WEST 49TH STREET - SUITE: 605
HIALEAH FL 33012

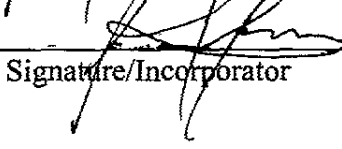
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

APRIL 3RD 2007

Date



Signature/Incorporator

APRIL 3RD 2007

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA