# P07000099165

(D-		
(Re	equestor's Name)	
	1-1-1-1	
(Ad	ldress)	
(A.	[.]	
(Ad	ldress)	
(0)		40
(Cit	ty/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
·	-	
	· <del>- ; ·-</del> ·	

Office Use Only



700108440107

09/05/07--01022--010 \*\*78.75

SECIETAL STATE

TU ACKNOWLEDGE SUFFICIENCY OF FILIP DEPARTHENT OF STATE OF STATE OF CHAPORATION

T. Burch SEP 0 6.2007

## **LAZARUS**

### CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-	5973	
	Office Use Only	
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
1. HEALTH MAX (Corporation Name)	MEDICAL CENTER	
2. (Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
Walk in Pick up time	(Document #)  Certified Copy  Photocopy  Certificate of Status	
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
CR2E031(7/97)	Examiner's Initials	

#### ARTICLES OF INCORPORATION

The undersigned incorporate(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 the corporation shall be:

#### **HEALTH MAX MEDICAL CENTER INC**

#### **ARTICLE II**

#### **PRINCIPAL OFFICE**

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

MAILING ADDRESS: 900 SW 104 CT APT # 301-B

**MIAMI FL 33174** 

**BUSINESS ADDRESS: 3937 NW 7 STREET SUITE 207** 

**MIAMI FL 33126** 

#### **ARTICLE III**

#### **SHARES**

The number of shares, which the corporation is authorized to issue and have outstanding at any time, is 100 shares of common stock, and which common stock shall have a par of \$1.00 (one dollar) per share. All stock is to be issued fully paid and exempt from assessment.

#### ARTICLE IV

#### **INITIAL REGISTERED AGENT AND STREET ADDRESS**

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said:

First That HEALTH MAX MEDICAL CENTER INC Desiring to organize under the laws of the State Florida with its principal office as indicated in the articles of incorporation at City of MIAMI County of MIAMI-DADE State of Florida had name ERICK A. PEREZ FERRERO of 900 SW 104 CT APT # 301-B MIAMI FL 33174 its agent to accept service of process within this state. Having been named to accept service of process for the above state corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

By:

ERICK A. PEREZ FERRERO Registered Agent

#### ARTICLE V

#### **INCORPORATOR (S)**

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

ERICK A. PEREZ FERRERO

50 %

900 SW 104 CT APT # 301-B
MIAMI FL 33174

FERNAN BLANCO

50 %

451 EAST 42 STREET
HIALEAH FL 33013

<u>VI</u>

#### **DIRECTOR (S)**

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

ERICK A. PEREZ FERRERO
P
900 SW 104 CT APT # 301-B
MIAMI FL 33174

FERNAN BLANCO
VP
451 EAST 42 STREET
HIALEAH FL 33013

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this <u>29</u> Day of AUGUST 2007.

SIGNATURE