

P08000092030

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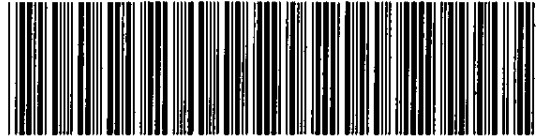
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VFA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: THE KEYS MEDICAL CENTER, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JESUS MONTEAGUDO
Name (Printed or typed)

PO BOX 1819
Address

KEY LARGO, FL 33037
City, State & Zip

(305) 453-0505
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2008

JESUS MONTEAGUDO
PO BOX 1819
KEY LARGO, FL 33037

SUBJECT: THE KEYS MEDICAL CENTER, INC.
Ref. Number: W08000045780

We have received your document for THE KEYS MEDICAL CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 208A00052559

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:

THE KEYS MEDICAL & DIAGNOSTIC CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

PRINCIPAL ADDRESS: 100410 OVERSEAS HIGHWAY KEY LARGO, FL 33037

MAILING ADDRESS: PO BOX 1819 KEY LARGO, FL 33037

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NEW BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JESUS MONTEAGUDO PO BOX 1819 KEY LARGO, FL 33037 - PRESIDENT

MARGARITA MONTEAGUDO PO BOX 466 KEY LARGO, FL 33037 - VICE PRESIDENT

DIANA MONTEAGUDO PO BOX 1819 KEY LARGO, FL 33037 - SECRETARY

ARTICLE VI REGISTERED AGENT

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

JESUS MONTEAGUDO 171 BAHAMA AVENUE KEY LARGO, FL 33037

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JESUS MONTEAGUDO PO BOX 1819 KEY LARGO, FL 33037

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

Signature/Incorporator

FILED
08 OCT 10 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/8/08

Date

10/8/08

Date