

P08000095983

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.

(((H08000242048 3)))



H080002420483ABC

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) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FLORIDA PROFIT/NON PROFIT CORPORATION

LOS ANGELES MEDICAL CENTER NORTH, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2008 OCT 23 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

(((H08000242048)))

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:

LOS ANGELES MEDICAL CENTER NORTH, INC.

ARTICLE II PRINCIPAL OFFICE

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

19933 NW 78TH AVE
MIAMI FL 33015

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:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOSE MIGUEL OLIVA - PD
19933 NW 78TH AVE
MIAMI FL 33015

ARTICLE VI REGISTERED AGENT

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

JOSE MIGUEL OLIVA
19933 NW 78TH AVE
MIAMI FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSE MIGUEL OLIVA
19933 NW 78TH AVE
MIAMI FL 33015

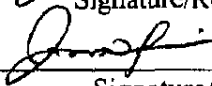
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/23/08

Date



Signature/Incorporator

10/23/08

Date

FILED
2008 OCT 23 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA