

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number

: (850)617-6381

Prom:

: LAMARUS CORPORATE WILING SERVICE, INC. Account Name

Account Number : 120000000019 (305) 552-5973 Phone

Fax Number (305)220-1440

FLORIDA PROFIT/NON PROFIT CORPORATION

H & A MEDICAL CENTER, INC.

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FAX NO. :3052201440

Apr. 17 2009 12:35PM P2 at CRETARY Of STATE UNVISION OF CORTUGATE

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2009 APR 17 PM 12: 39

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(\$), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(\$) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

micmi +1 33135.

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

ZORAIDA HErnondez.

2141 sw 18+ 809+ 210.

FROM : LAZARUS

FAX NO. :3052201440

Apr. 17 2009 12:35PM P3

THE LU-SECRETARY OF SHAPE DIVISION OF CORFORATION

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2009 APR 17 PM 12: 39

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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

2141 500 1 57 5017 210 MPTM7 fl 33135.

DAY OF Abril

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS

SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Zarciacha Harnandez. "Presidon"

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.

REGISTERED AGENT SIGNATURE