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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6331

Account Name : ASAP ACCOUNTING & TAX CORPORATION

Account Number: 120000000203 Phone : (954)965-9491 Fax Number : (954)965-9492

FLORIDA PROFIT/NON PROFIT CORPORATION

PINES URGENT CARE MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE 1 - Corporate Name

PINES URGENT CARE MEDICAL CENTER, Inc.

ARTICLE II - Terms of Existence

This corporation will exist perpetually, unless dissolved according to Florida Law.

ARTICLE III - Nature of Business

This Corporation may engage or transact in any lawful activities permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV - Capital Stock

The number of shares of stock that this corporation is authorized to have outstandingly at anyone time is: <u>1000</u> shares of common stock having a <u>\$1.00</u> par value per share. This corporation will not commence business until at least the \$1,000.00 have been received by it, as consideration for the issuance of shares.

ARTICLE V - Incorporator

The name, and street address of the incorporator to these Articles of Incorporation are:

Jairo M. Bosch

7179 Pembroke Road Pembroke Pines, FL 33023

ARTICLE VI - Initial Registered Agent and Address

The name, and street address of the initial registered agent are:

Jairo M. Bosch

7179 Pembroke Road Pembroke Pines, FL 33023

ARTICLE VII - Principal Address

The principal address of this corporation is:

192 South Flamingo Road Pembroke Pincs, FL 33027



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ARTICLE VIII - Principal Address

The mailing address of this corporation is:

14921 Archer Hall Street Davie, FL 33331

ARTICLE IX - Shareholders

The names, and street addresses of the shareholders to this corporation are:

Carlos Mario Varon [50.00 %] 14921 Archer Hall Street Davie, FL 33331 Fiore Elise Varon [50.00%] 14921 Archer Hall Street Davie, FL 33331

ARTICLE X - Officers

The names, and street addresses of the initial officers to this corporation are:

Carlos Mario Varon [P/T/D] 14921 Archer Hall Street Davie, FL 33331 Fiore Elise Varon [V/S/D] 14921 Archer Hall Street Davie, FL 33331

ARTICLE XI - Liquidation

In case of any voluntary or involuntary liquidation, dissolution or winding up of this corporation, the assets of the corporation will be paid and distributed to the Shareholders according to their shares.

ARTICLE XII - Indemnification Agreement and Covenant not to Sue

This corporation will indemnify and hold harmlessly its Shareholders, Directors, and Officers from any actions they take on behalf of the corporation. If a Shareholder, Director, or Officer is ever sued for actions taken on behalf of the corporation, these provisions require that the corporation be held responsible as agreed upon by the Shareholders, Directors, and Officers.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation on this May 15, 2009.

Jairo M. Bosch

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501. Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

PINES URGENT CARE MEDICAL CENTER, Inc.

2. The name, and street address of the registered agent are:

Jairo M. Bosch

7179 Pembroke Road Pembroke Pines, FL 33023

3. The principal address of this corporation is:

192 South Flamingo Road Pembroke Pines, FL 33027

4. The mailing address of this corporation is:

14921 Archer Hall Street Davie, FL 33331

Signature:_

Title: Registered Agent Date: May 15, 2009

Having been named as registered agent, and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and accept the obligations of my position as registered agent.

Signature:

Title: Registered Agen Date: May 15, 2009

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