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COVER LETTER

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

SUBJECT:	Zenith N	ledical Cen	ter inc.	
SUBJECT: Zenith 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 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	
	Į	ADDITIONAL CO.	T REQUIRED	
FROM: Willie Dierre Name (Printed or typed)				
14914 Hawks Moor Run Circle				
Orlando FL 32828 City, State & Zip				
407 - 936 4635 Daytime Telephone number				
E-rhail address: (to be used for future annual report notification)				

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

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: Zenith Medical Center INC.	
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 14914 Hawks Moor Run Circle orlando, FL 32824 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Medical	FILED ARR 23 M 9: 56
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Willie Pierre President/CEO 14914 Hawksmoore Run Circle orlando, FL 32828 ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the register Willie Pierre 14914 Hawks Moor Run Circle orlando, FL 32828 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	ered agent is:
Willie Pierre 14914 Hawks Moor Run Circle orlando, FL 32828	*******
Having been named as registered agent to accept service of process for the place designated in this certificate, I am familiar with and accept the appoint agree to act in this capacity	

Signature/Registered Agent

Signature/Incorporator