

07/20/2010 11:57

3052201

LAZARUS

PAGE 01 03

https://efile.flcourts.gov/scripts/efilecovr.exe

P10000059096

Florida Department of State
Division of Corporations
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.

(((H10000165491 3)))



H10000165491 3ABC.

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 : LAZARUS CORPORATE FILING SERVICE,
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SOUTHCARE REGIONAL MEDICAL CENTER INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

APPROVED
AND
FILED
10 JUL 20 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
10 JUL 20 PM 2:12
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

10 JUL 20 PM 2:02

H10000165491

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Southeast Regional Medical
Center Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

900 W 49 St Suit 406
Hialeah Fl. 33012

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Osmar Vazquez
900 W. 49 St Suit 406
Hialeah Fl. 33012

H10000165491

10 JUL 20 PM 2:03

H10000165491

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

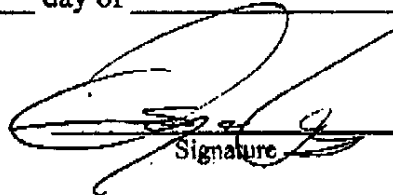
ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

OSMAR VAZQUEZ
900 W 49 ST SUITE 406
HIALEAH FL 33012

The undersigned incorporator has executed these Articles of Incorporation this

_____ day of _____ 20_____.


Signature

ARTICLE VI - DIRECTOR (S)

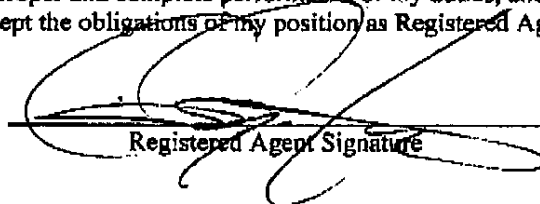
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

OSMAR VAZQUEZ (P)

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

H10000165491