

Florida Department of State

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION MEDICAL CARE CENTER INC

Certificate of Status	0
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February 7, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: MEDICAL CARE CENTER INC
REF: W11000007289

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Pamela Smith
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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:

CAC MEDICAL CARE CENTER INC

ARTICLE II - PRINCIPAL OFFICE

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

11231 NW 20th ST UNIT 140-102
MIAMI, FL, 33172

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:

Cesar Augusto Cano
11231 NW 20 ST UNIT 140-102
MIAMI, FL 33172

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DIVISION OF CORPORATE AFFAIRS

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ARTICLE V - INCORPORATOR

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

CESAR AUGUSTO CAND
11231 NW 20 ST UNIT 140-102
MIAMI FL 33172The 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):CESAR AUGUSTO CAND
(PRESIDENT)**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

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