

P12000060156

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6381

From:

Account Name : ALLSTATE MEDICAL CONSULTING,
 Account Number : I20110000067
 Phone : (786) 362-0124
 Fax Number : (786) 558-4546

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

RECEIVED

12 JUL - 9 PM 3:19

FILED

12 JUL - 9 PM 4:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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
 SOUTH DADE MEDICAL CENTER INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

T. Bush JUL 10 2012

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME **SOUTH DADE MEDICAL CENTER INC**
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
935 SW122 AVE.
MIAMI, FL 33184

Mailing address, if different is:

12 JUL - 9 PM 4:05
REGISTRATION STATE
TALLAHASSEE, FLORIDA
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PVT. ABREU, FRANCISCO
Address: 935 SW 122 AVE.
MIAMI, FL 33184

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

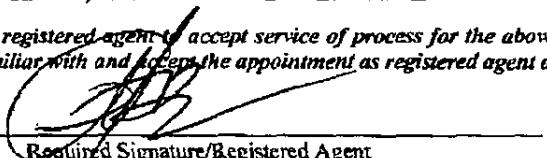
Name: ABREU, FRANCISCO
Address: 935 SW 122 AVE.
MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ABREU, FRANCISCO
Address: 935 SW 122 AVE.
MIAMI, FL 33184

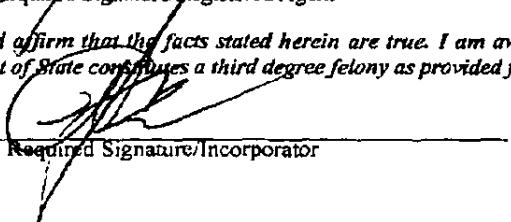
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

07/09/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

07/09/2012
Date