

P13000005395

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED  
13 JAN 16 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

WZ3455

T. Burch JAN 16 2013

COVER LETTER

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

SUBJECT: RIVERLAND MEDICAL CENTERS OF South Florida 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

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: CAROLINA SASSANO  
Name (Printed or typed)

2518 MARATHON LANE  
Address

FORT LAUDERDALE FL 33312  
City, State & Zip

954-791-5184  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

RECEIVED

13 JAN 16 AM 10:16

SEATTLE, WASHINGTON  
TALLAHASSEE, FLORIDA

December 27, 2012

CAROLINA SASSAMO  
2518 MARATHON LANE  
FORT LAUDERDALE, FL 33312

SUBJECT: RIVERLAND MEDICAL CENTERS OF SOUTH FLORIDA INC  
Ref. Number: W12000063455

We have received your document for RIVERLAND MEDICAL CENTERS OF SOUTH FLORIDA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 212A00030373

**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: RIVERLAND MEDICAL CENTERS OF SOUTH FLORIDA INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2774 OAVIE BLVD  
FORT LAUDERDALE FL 33312

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO FURNISH MEDICAL SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MANUEL LUNA PRES Name and Title: \_\_\_\_\_  
Address: 8362 N. LAKE FOREST DR Address: \_\_\_\_\_  
DAVIE FL 33328

Name and Title: CAROLINA SASSANO SEC. Name and Title: \_\_\_\_\_  
Address: 2518 MARATHON LANE Address: \_\_\_\_\_  
FORT LAUDERDALE FL 33312

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: MANUEL LUNA  
Address: 8362 N. LAKE FOREST DR  
DAVIE FL 33328

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Richard P. Rossi  
Address: 1 Chatsworth Rd.  
Granby, CT 06035

Richard P. Rossi  
1 Chatsworth Rd.  
Granby, CT 06035

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

1-9-2013  
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

1-9-13  
Date

FILED  
13 JAN 16 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FL 32307