

P/300049400

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.

(((H13000126289 3)))



H130001262893ABC%

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUN -5 PM 3:58

FILED

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
MIAMI EXCELLENCE MEDICAL CENTER INC**

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

13 JUN -5 AM 7:49

RECEIVED

06/06/13

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

ARTICLE I NAME MIAMI EXCELLENCE MEDICAL CENTER INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address 8000 NW 7 ST. SUITE 102,104 Mailing address, if different is:
MIAMI, FL 33126

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P MARTE, JUAN. Name and Title: _____
Address: 8000 NW 7 ST. SUITE 102,104 Address: _____
MIAMI, FL 33126

Name and Title: S AEL, ANA MARIA Name and Title: _____
Address: 8000 NW 7 ST. SUITE 102,104 Address: _____
MIAMI, FL 33126

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

FILED
13 JUN -5 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

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: JUAN M. MARTE
 Address: 8000 NW 7 ST. SUITE 102, 104
MIAMI, FL 33126

13 JUN -5 PM 3:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JUAN M. MARTE
 Address: 8000 NW 7 ST. SUITE 102, 104
MIAMI, FL 33126

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

[Signature]
 Required Signature/Registered Agent

5/31/13
 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.117.155, F.S.

[Signature]
 Required Signature/Incorporator

5/31/13
 Date