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Florida Department of State
Division of Corporations
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To:

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

From:

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

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13 JUN -5 PM 3:58
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
MIAMI EXCELLENCE MEDICAL CENTER INC

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

06/06/13

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: MIAMI EXCELLENCE MEDICAL CENTER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
8000 NW 7 ST. SUITE 102,104
MIAMI, FL 33126

Mailing address, if different is:

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

Name and Title:
Address:

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

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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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

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TALLAHASSEE, FLORIDA

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

_____ 6/31/13

Required Signature/Registered Agent 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.

_____ 5/31/13

Required Signature/Incorporator Date