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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 10/16

COVER LETTER

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

SUBJECT: Suncoast Medical Network 2, 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: Rene F. Gomez

Name (Printed or typed)

10621 North Kendall Drive Ste 211

Address

Miami, FL 33176-1530

City, State & Zip

305-458-1475

Daytime Telephone number

rene@suncoastmedicalnetwork.com

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

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

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: Suncoast Medical Network 2, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Suncoast Medical Network, Inc 2
10621 North Kendall Dr, Suite 211
Miami, FI 33176-1530

Mailing address, if different

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ALL CHARGES FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Management and Consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rene F. Gomez, CEO Name and Title: _____

Address 10621 North Kendall Dr Address: _____
Suite 211
Miami, FI 33176-1530

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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: Rene F. Gomez

Address: 10621 North Kendall Dr #211

Miami, FL 33176-1530

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ARTICLE VII INCORPORATOR


The **name and address** of the Incorporator is:

Name: Rene F. Gomez

Address: 10621 North Kendall Dr #211

Miami, FL 33176-1530

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

10/9/2013

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

10/9/2013

Date