

Electronic Articles of Incorporation For

**P14000053298
FILED
June 02, 2014
Sec. Of State
msolomon**

MIAMI MEDICAL CENTER, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

MIAMI MEDICAL CENTER, INC.

Article II

The principal place of business address:

1250 S MIAMI AVE
SUITE 101
MIAMI, FL. 33130

The mailing address of the corporation is:

1250 S MIAMI AVE
SUITE 101
MIAMI, FL. UN 33130

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

1000

Article V

The name and Florida street address of the registered agent is:

HOSSEIN JOUKAR
1250 S MIAMI AVE
SUITE 101
MIAMI, FL. 33130

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: HOSSEIN JOUKAR

Article VI

The name and address of the incorporator is:

HOSSEIN JOUKAR
1250 S MIAMI AVE
SUITE 101
MIAMI

Electronic Signature of Incorporator: HOSSEIN JOUKAR

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
HOSSEIN JOUKAR
1250 S MIAMI AVE SUITE 101
MIAMI, FL. 33130 UN

Article VIII

The effective date for this corporation shall be:

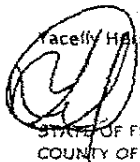
06/03/2014

P14000053298

June 13, 2014

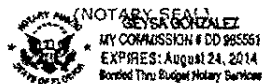
To whom it may concern,


I Yacelly Hernandez agree to not reinstate Miami Medical Center Document number P 13000035281.


Yacelly Hernandez
STATE OF FLORIDA
COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 13 day of JUNE 20, 14, by

Yacelly Hernandez




(Signature of Notary, Public State of Florida)
(Name of Notary Typed, Printed, or Stamped)

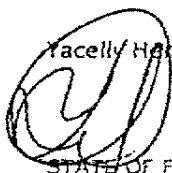
Personally Known _____ OR Produced Identification X
Type of Identification Produced: FI DL H 655-960-82-796-0

P14000053298

June 13, 2014

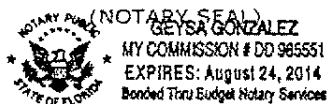
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I Yacelly Hernandez agree to not reinstate Miami Medical Center Document number P 13000035281.


Yacelly Hernandez
STATE OF FLORIDA
COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 13 day of JUNE 2014, by

Yacelly Hernandez




(Signature of Notary Public, State of Florida)
(Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification X
Type of Identification Produced FI DL H 655-960-82-796-D