8/5/2014 Division of Corporations

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14 AUG -5 PM 4:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA
14 AUG -5 PM 12:57

APPROVED
AND
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
STAR MEDICAL CENTER CORP

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

APPROVED AND FILED

14 AUG -5 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: STAR MEDICAL CENTER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

6850 SW 24 ST. SUITE 502
MIAMI, FL 33155

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 GARCIA BRITO, VIKELY
Address: 6850 SW 24 ST. SUITE 502
MIAMI, FL 33155

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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: GARCIA BRITO, VIKELY

Address: 6850 SW 24 ST. SUITE 502

MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GARCIA BRITO, VIKELY

Address: 6850 SW 24 ST. SUITE 502

MIAMI, FL 33155

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

Vikely Garcia — Required Signature/Registered Agent — 08-05-2014 — 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.

Vikely Garcia — Required Signature/Incorporator — 08-05-2014 — Date