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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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SECRETARY OF STATE  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AVANTI MEDICAL CENTER, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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08/21/2032 03:49

APPROVAL  
#3038 AND 02/003

H14000238362

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

14 OCT 10 AM 10:34

**ARTICLE I NAME:** The name of the corporation is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Avanti Medical Center, Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6890 West Flagler St.  
Miami FL 33144

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Tamara Esponda (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Tamara Esponda  
6890 WEST FLAGLER ST.  
MIAMI FL 33144

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Tamara Esponda  
6890 WEST FLAGLER ST  
MIAMI FL 33144

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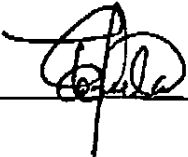
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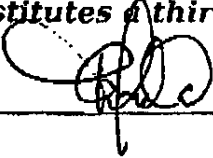
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Required Signatures:**

***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***

  
\_\_\_\_\_  
Registered Agent **TAMARA ESPOINDA** 10/10/2014 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.***

  
\_\_\_\_\_  
Incorporator **TAMARA ESPOINDA** 10/10/2014 Date

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