Division of Corporations **Electronic Filing Cover Sheet** 

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(((H14000249139 3)))



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Division of Corporations

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From:

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Phone : (305)552-5973

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Email	Address			

## FLORIDA PROFIT/NON PROFIT CORPORATION MEDICAL CENTER OF ORLANDO INC.

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

H13000249139

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

ARTICLE I NAME: The name of the corporation is:	
Medical Center of Orlando	Inc
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	•
4711 Curry Ford Rd	۳.
Suite C	7.4
Orlando, FL 32812	· ; ;.
ARTICLE III SHARES: The number of shares of stock is: \	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	y!
Ramon A. Berenquer (P)	
Ramon A. Beterioger (1)	
<u> </u>	
	2
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	_
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	<del></del>
The name and Florida street address (PO Box not acceptable) of the registered agent	[15:
Kamon H. Berenquer	<u>-</u> `
4711 Curry Ford Ka Ste:C	٠, .
Orlando FL 32812	-
ARTICLE VI INCORPORATOR: The name and address of the Incorporator	in
ARTICLE VI INCORPORATOR: The name and address of the Incorporator  Ramon A. Berenouer	15.
ATU C TO TOTAL DESCRIPTION	<b>-</b> (1)
4 111 Lurry tora ha sie C	<b>-</b>
Orlando FL 32812	_ ::

## 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

10-23-2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted is a document to the Department of State constitutes a third degree felony as provided/for in s.817.155, F.S.

Incorporator

10-23-2014

Date