

PH000098106

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000281277 3)))



H140002812773#BC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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 JOHNSON MEDICAL PLAN CORP

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

14 DEC -5 PM 2:54

14 DEC -5 PM 3:49

RECEIVED

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

H14000281277

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:Johnson Medical PLAN CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7900 NW 33 ST. 106
HOLLYWOOD FL 33024**ARTICLE III SHARES:** The number of shares of stock is: 500**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ROSSANA Pontiles (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

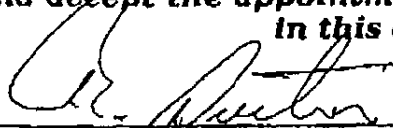
ROSSANA Pontiles
7900 NW 33 ST. 106
HOLLYWOOD FL 33024**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:HUMBERTO Urbina
7900 NW 33 ST. 106
HOLLYWOOD FL 33024

14 DEC -5 PM 2:54

H14000281277

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

12-04-14

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.817.153, F.S.



Incorporator

12-04-14

Date

14 DEC -5 PM 2:54
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA