#5151 P.001/003

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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· To:

Division of Corporations

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From:

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FLORIDA PROFIT/NON PROFIT CORPORATION MEMORIAL MEDICAL CENTER INC

Certificate of Status	0
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Corporate Filing Menu

Help

https://cf/fe.sunbiz.org/scripts/efilcovr.exe

12/9/2014

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

EFFECTIVE DATE 01/01/15

, MEMORIAL MEDICAL CENTER INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
5915 Memorial Husy suite 107 Tampa FL 33615
Jampa 7-6 33615
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
E/PIDIO Carrasana - P =
5. · · · · · · · · · · · · · · · · · · ·
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
ELPIDIO CARRASANA
5915 memorial Hwy Suite 10
Tampa FL 331015 A
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: $(C_1, C_2, C_3, C_4, C_4, C_4, C_4, C_4, C_4, C_4, C_4$
ELPIDIU CHRRHISHIVII
5915 Memorial Hwy Swite 101
JUMPU FL 35015 O

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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

2-10/14 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.817.155, F.S.

Incorporator

Unto

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