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.

(((H15000026149 3)))



H150000261493ABC

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. **

FLORIDA PROFIT/NON PROFIT CORPORATION GREY'S ANATOMY MEDICAL CENTER INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION H 1 5 0 0 0 0 2 6 1 4 9

	ARTICLE I NAME: The name of the corporation is:	
JREV	Y'S ANATOMY MEDICAL CENTER INC	
72	ARTICLE II PRINCIPAL OFFICE:	
·	The principal street address and mailing address is:	
	7225 NW 25 ST Suite 314 Miami FL 33122	
ARTI	CLE III SHARES: The number of shares of stock is:	
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
<u>-</u>	ARLEX DIAZ CAPOTE (P)	
	TASE 15	
•	AAR AR	77
. <u>-</u>	-2 PH	m
	ECLEV DIEMAL PROJECTEDED ACENT AND STREET ADDRESS OF	O
	HICLEY INITIAL REGISTERED AGENT AND STREET ADDRESS.	
ine n	ame and Florida street address (PO Box not acceptable) of the registered agent is:	
	7225 NW 25 ST Suite 314	
	Migmi FL 33122	
ART	ICLE VI INCORPORATOR: The name and address of the Incorporator is:	
, <u> </u>	ARLEX DIAZ CAPOTE	
<u> </u>	7225 NW 25 ST Suite 314	
	Miami FL 33122	1

H15000026149

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

la.		·
1	Registered Agent	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 Date

SEGRETARY OF STATE TALLARASSIE FLORIDA