## **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Fax Number

Phone : (305)552-5973 : (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.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION PLEASURE MEDICAL CENTER CORP

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

12/11/2032 08:13

02/02/2015 16:51

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## ARTICLES OF INCORPORATION

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

NAME: The name of the corporation is: EASURE The principal street address and mailing address is: SHARES: The number of shares of stock is: 100 <u>INITIAL REGISTERED AGENT AND STREET ADDRESS:</u> The name and Florida street address (PO Box not acceptable) of the registered agent is: VCORPORATOR: The name and address of the Incorporator is:

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12/11/2032 06:14

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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

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.