

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SARAVIAN MEDICAL CENTER INC**

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

04/17/15

15 APR 16 PM 4:19
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SARAVIAN MEDICAL CENTER INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

8210 West Flagler St.MIAMI, FL 33144**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: MEDICAL OFFICE**ARTICLE IV SHARES**The number of shares of stock is: 5000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JUAN JESUS SALINAS MD - PSD Name and Title:Address 8210 W. FLAGLER ST Address:
MIAMI, FL 33144

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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(contd.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JUAN JESUS SALINAS, MD
Address: 8210 W. FLAGLER ST.
MIAMI, FL 33144

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JUAN JESUS SALINAS, MD.
Address: 8210 W. FLAGLER ST.
MIAMI, FL 33144

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

[Signature]
Required Signature/Registered Agent

04/15/2015
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.

[Signature]
Required Signature/Incorporator

04/15/2015
Date

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