

APR/17/2015 FRI 11:51 AM

4/17/2015

Division of Corporations

P. 001/001

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
ALL STAR MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

Help

4/20/15

APR/17/2015/FRI 11:55 AM

FAX No.

P. 002/003

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

FILED
15 APR 17 AM 11:54

ARTICLE I NAME

The name of the corporation shall be:

ALL STAR MEDICAL CENTER, INC. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

4355 WEST 16 AVE

STE 212

HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIANA MORALES RODRIGUEZ (P)

Name and Title: _____

Address

4355 WEST 16 AVE

Address: _____

STE 212

HIALEAH, FL 33012

Name and Title: _____ Name and Title: _____

Address

Address: _____

Name and Title: _____ Name and Title: _____

Address

Address: _____

APR/17/2015/FRI 11:55 AM

FAX No.

P. 003/003

(cont.)

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

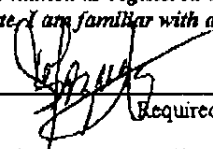
Name: DIANA MORALES RODRIGUEZ
Address: 4355 WEST 16 AVE STE 212
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DIANA MORALES RODRIGUEZ
Address: 4355 WEST 16 AVE STE 212
HIALEAH, FL 33012

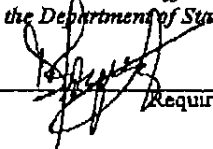
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

04/16/2015
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.



Required Signature/Incorporator

04/16/2015
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA