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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)

: (305)552-5973

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION TROPICAL MEDICAL CENTER INC

Certificate of Status	0
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Corporate Filing Menu

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

ARTICLE I NAME: The name of the corporation is:	
Tropical Medical Center Inc	
ARTICLE II PRINCIPAL OFFICE:	Ţ
The principal street address and mailing address is:	
380 West 49 ST	71. 2
Hialeah FL 33012	کر:: ک
THATEUR TE 33012	
ARTICLE III SHARES: The number of shares of stock is: 100	۱۰ ۱۰۰ <u>-</u>
	,
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Angel E. Rico (P)	
Idiana Hernandez (VP)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	:
Angel E. Rico	
380 West 49 ST	
Hialeah FL 33012	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Angel E. Rico	
Angel E. Rico 380 West 49 ST	
Hialeah FL 33012	

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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

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.

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