

6/15/2015/MON 02:22 PM

FAX NO.

P. 01

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
LA ESPERANZA MEDICAL CENTER, INC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 15 PM 4:04

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Corporate Filing Menu

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MD 6/16

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

ARTICLE I NAME LA ESPERANZA MEDICAL CENTER, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

7180 N. AUGUSTA DR.

SAME

Mailing address, if different is:

MIAMI, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

SHARES: 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DONIS REGO (P/D) 50%

Name and Title:

Address 7180 N. AUGUSTA DR.

Address:

MIAMI, FL 33015

Name and Title: MARIA M. GONZALEZ (V/D) 50%

Name and Title:

Address 7180 N. AUGUSTA DR.

Address:

MIAMI, FL 33015

Name and Title: Name and Title:

Address Address:

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P. 003

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: DONIS REGO
Address: 7180 N. AUGUSTA DR.
MIAMI, FL 33015

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DONIS REGO & MARIA M. GONZALEZ
Address: 7180 N. AUGUSTA DR.
MIAMI, FL 33015


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

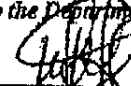


Required Signature/Registered Agent

JUNE 10, 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

JUNE 10, 2015

Date