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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

CORAL GABLES MEDICAL CENTER INC

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

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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: CORAL GABLES MEDICAL CENTER INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
5500 SW 8th St.
CORAL GABLES, FL 33134

Mailing address, if different is:

5500 SW 8th St.
CORAL GABLES, FL 33134
ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL MEDICAL BUSINESS
ARTICLE IV SHARES

The number of shares of stock is:

5000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Altagracia Victoria, PSD Name and Title:Address: 5500 SW 8th St. Address:CORAL GABLES FL 33134

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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(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: ALTAGRACIA VICTORIA, MD.
Address: 5500 SW 8th ST.
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: ALTAGRACIA VICTORIA, MD.
Address: 5500 SW 8th ST.
CORAL GABLES, FL 33134

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

	<u>06/26/2015</u>
Required Signature/Registered Agent	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.

	<u>06/26/2015</u>
Required Signature/Incorporator	Date

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