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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)552-5973
Fax Number : (305)675-5944

****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
CORAL THERAPY & MEDICAL CENTER GROUP CORP**

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

RECEIVED
15 AUG 13 PM 3:20

15 AUG 13 AM 10:31

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AUG 1 2015

S. GILBERT

06/24/2033 04:54

#6352 P.002/004

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Coral Therapy & Medical Center group of Doc # corp
D13000091319 are the same owners of the attached articles of
incorporation. We have dissolved the company and have no intention of reopening it. Thank
you for your help in this matter.

Very Sincerely,

Yunior Betancourt

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

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ARTICLE I NAME: The name of the corporation is:Coral Therapy & Medical Center Group
Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4587 SW 74 Ave
Miami FL 33155**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Joslayne Tapanes - PYunior Betancourt - VP

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yunior Betancourt
4587 SW 74 Ave
Miami FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Yunior Betancourt
4587 SW 74 Ave
Miami FL 33155

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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

08-13-15

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.



Incorporator

08-13-15

Date

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