

PH000074311

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000229426 3)))



H150002294263ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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
HIGH EVOLUTION MEDICAL CENTER CORP.**

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

H15000229426

ARTICLE I NAME: The name of the corporation is:High Evolution Medical Center corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8300 SW 8th suit 301.Miami FL 33144**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Beatriz G. Martin, M.D. (P)8300 SW 8th suit 301.Miami FL 3314415 SEP 23 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

8300 SW 8th suit 301Miami FL 33144Beatriz G Martin, M.D.**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Beatriz G Martin, M.D.8300 SW 8 ST Suite 301Miami FL 33144

H15000229426

H15000229426

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

Beatriz G. Martin MD 9/21/2015
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.

Beatriz G. Martin MD 9/21/2015
Incorporator Date

H15000229426