

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.

((H15000298011 3)))



H150002980113ABC.

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
JIREH MEDICAL CENTER, CORP.**

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

DEC 1 8 2015

S. GILBERT

15 DEC 17 PM 10:23

15 DEC 17 PM 3:56

FILED

RECEIVED

ARTICLES OF INCORPORATION

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

H 15000298011

ARTICLE I NAME: The name of the corporation is:

Jireh Medical Center, Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7900 NW 33rd St. Suite #101
Hollywood FL 33024RECORDED
JAN 11 2014
ALTA ASSOCIATES, FLORIDA

15 DEC 17 PM 10:23

FILED

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Martha Fernandez (President)

Rossana Pontiles (Vice President)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Rossana Pontiles

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:


Rossana Pontiles

7900 NW 33rd St. Suite #101
Hollywood FL 33024

H 15000298011

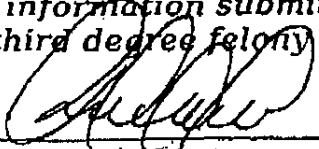
Required Signatures:

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

X  12-17-15

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.

X  12-17-15

Incorporator Date