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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: LAZARUS CORPORATE FILING SERVICE, INC

Account Number : 120000000019

: (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. 535

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION HIGHT POINT MEDICAL SERVICES INC

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Certificate of Status	U
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Page Count	03
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2016

S. GILBERT

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ARTICLES OF INCORPORATION # 1600000 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	64 1
ARTICLE I NAME: The name of the corporation is:	
HIGHT POINT MEDICAL SERVICES, INC.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	15
H-1 FILE CHUB CHENSONATUOT EFT	JAN - 8
	星
RTICLE III SHARES: The number of shares of stock is: 100	12: 00
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
-Rayner Betancourt (1)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
he name and Florida street address (PO Box not-acceptable) of the registered agent is:	
Bonner Betancourt	
175 Fountainebleau BIVD suitel-t	
Miami FL 33172	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
harner Betancourt	
175 Fountainebleau Blud Suite	· 1-H

33172

Miami

FL

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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 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.

73X

Incorporator

Date