

P16000033564

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.

(((H16000093500 3)))



H160000935003ABCV

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

RECEIVED
16 APR 14 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 14 AM 11:59

****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
INSIGHT MEDICAL CENTER, INC**

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

ARTICLES OF INCORPORATION

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

H16000093500

ARTICLE I NAME: The name of the corporation is:Insight Medical Center, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8890 Coral Way Suite 214
Miami FL 33165SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 14 AM 11:59

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Raymond Molano M.D. (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Raymond Molano
8890 Coral Way Suite 214
Miami FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Raymond Molano
8890 Coral Way Suite 214
Miami FL 33165

H16000093500

H16000093500

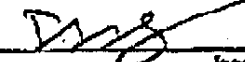
Required Signatures:

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

04-14-2016
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

04-14-2016
Date

FILED
16 APR 14 AM 11:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H16000093500