

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.

((H160001867163)))



H160001867163ABC3

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: _____

RECEIVED

16 AUG -2 PM 3:40

FLORIDA PROFIT/NON PROFIT CORPORATION
GULFSTREAM DIAGNOSTIC CENTER, INC

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

16 AUG -2 AM 8:58

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/03/16

Electronic Filing Menu

Corporate Filing Menu

Help

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

H16000186716

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

The principal street address and mailing address is:

20625 Gulfstream Rd
Miami FL 33189**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jose Luis Alfonso (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Jose Luis Alfonso
20625 Gulfstream Rd
Miami FL 33189**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jose Luis Alfonso
20625 Gulfstream Rd
Miami FL 33189

H16000186716

FILED
92280 LEXY OF STATE
16 AUG -2 AM 8:58

08/02/2016 14:40

3052281448

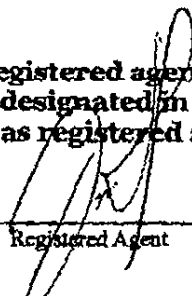
LAZARUS

PAGE 03/03

H16000186716

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

8-2-16

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

8-2-16

Date

16 AUG -2 AM 8:58

FILED
DEPARTMENT OF STATE
CORPORATION

H16000186716