

# P160001968563ABC9

Florida Department of State  
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((H16000196856 3)))



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## FLORIDA PROFIT/NON PROFIT CORPORATION NOVUS MEDICAL CENTER INC

Certificate of Status	0
Certified Copy	1
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## ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

NOVUS MEDICAL CENTER INCARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

600 NW 35th AVE, suite 100  
MIAMI FL 33125600 NW 35th AVE, suite 100  
MIAMI FL 33125ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A MEDICAL CENTER AND.ANY AND ALL LAWFUL BUSINESS IN FLORIDA AND  
USA.ARTICLE IV SHARES

The number of shares of stock is:

5000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: EDWIN A. HERRERA, P.D.T.S

Name and Title: \_\_\_\_\_

Address

600 NW 35th AVE  
SUITE 100

Address: \_\_\_\_\_

MIAMI, FL 33125

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

16 AUG 10 AM 9:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EDWIN A. HERRERA  
Address: 600 NW 35<sup>th</sup> AVE, SUITE 100  
MIAMI, FL 33125

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: EDWIN A. HERRERA  
Address: 600 NW 35<sup>th</sup> AVE, SUITE 100  
MIAMI, FL 33125

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

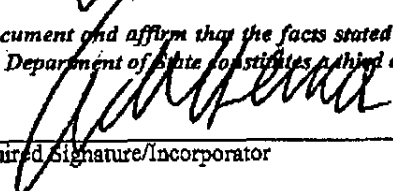
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

  
\_\_\_\_\_  
Required Signature/Registered Agent08/10/2016  
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.

  
\_\_\_\_\_  
Required Signature/Incorporator08/10/2016  
Date

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