Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

: (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 SANTA FE MEDICAL CENTER INC

والترابي وجريب وسطالنا ليورج وبسمون فالتأثيث والأواري والترابي	برورد والكار والوالية والإسراب والمتال
Certificate of Status	0
Certified Copy	1
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L. YARBROUGH

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ARTICLES OF INCORPORATION
In compliance with the compliance with t

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
SANTA Fe Medical Center Inc	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
8300 (Dest. Stagler 27.	
Sucte 258d. Miami #la	
93144.	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Affredo Romero (P)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: ~	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
8300 West Flagler ST	
Site 2580 Miami FL 33144	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Alfredo Romero	
8300 West Flagler ST	
Suite 258 C Miami FL 33144	

H16000245372

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

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.

Incorporator

Date