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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

Fax Number : (385)552-5973

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EW37T	Aggress:		

FLORIDA PROFIT/NON PROFIT CORPORATION LIFE BLUE MEDICAL CENTER, CORP

Certificate of Status	0
Certified Copy	1
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PH 2: **57**

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Life Blue Hedical Center, CORP
ARTICLE II PRINCIPAL OFFICE;
The principal street address and mailing address is: 12260500 PST, Seif 230
Miami 6, 33/84
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: MONIA DEL CARMEN HERNANDEZ PRESIDENT)
(RESIDENT)
7
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is: on MARIA DEL CAMMEN HERNANDEZ
12260 SW 8 ST Swite 230 MIAM: FL 33184
APTICIPIN INCORPORATOR, The name and address of the Incorporator is:
MARIA DEL CARMEN HERNANDEZ
12260 SW 8 ST Suite 230 MAMI FL 33184
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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.

Incorposator Date