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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
A1 MEDICAL CENTER INC**

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

REC-17 APR-4 PM 4:20
DIVISION OF CORPORATIONS
FLORIDA
A1 MEDICAL CENTER INC
4/5/17

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:A1 Medical Center INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12550 Biscayne Blvd #310 North Miami,
33181 FL**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Antonio Perez Martinez (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

ANTONIO PEREZ MARTINEZ
12550 Biscayne Blvd #310
NORTH MIAMI FL 33181**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ANTONIO PEREZ MARTINEZ
12550 Biscayne Blvd #310
NORTH MIAMI FL 33181

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17 APR -4 AM 11:37
STATE OF FLORIDA
ALL AGENTS FLORIDA

04/04/2017 14:49

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LAZARUS

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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

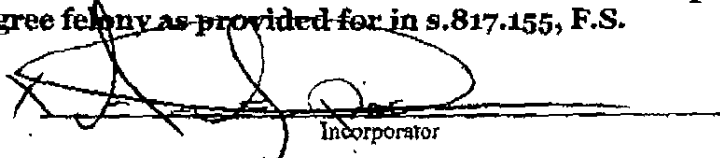


Registered Agent

4-4-17

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

4-4-17

Date

17 APR -4 AM 11:37
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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