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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
NEW HEALTH MEDICAL CENTER INC**

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

ARTICLES OF INCORPORATION H17000292734
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**ARTICLE I NAME:** The name of the corporation is:New Health Medical Center Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2470 SW 137 Ave.
Miami FL 33175.**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Luis Alberto Alvarez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

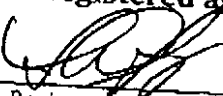
LUIS ALBERTO ALVAREZ
2470 SW 137 AVE
MIAMI FL 33175**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LUIS ALBERTO ALVAREZ
2470 SW 137 AVE
MIAMI FL 33175

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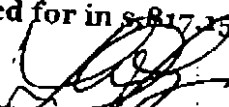
Required Signatures:

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.



Incorporator_____
Date

17.02.2013 02:53:05

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