

Florida Department of State  
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.  
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Phone : (305)552-5973  
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**\*\*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  
UNITED MEDICAL CENTER, INC.**

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

13 3/29/19

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

TAX ID 38-3925547

**ARTICLE I NAME:** The name of the corporation is:UNITED MEDICAL CENTER, INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11950 SW 134 aveMIAMI, FL, 33186**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**FRANCESCO CABRERA (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

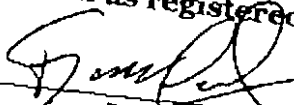
The name and Florida street address (PO Box not acceptable) of the registered agent is:

FRANCESCO CABRERA11950 SW 134 AVEMIAMI FL 33186**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:FRANCESCO CABRERA11950 SW 134 AVEMIAMI FL 33186

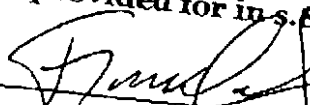
2019 MAR 23 PM 12:06

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 \_\_\_\_\_