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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
BRICE MEDICAL CENTER INC

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

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N. SAMS
SEP 20 2019

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: BRICE MEDICAL CENTER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
12595 SW 137 AVE UNIT 106	
MIAMI FL 33186	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	KEVIN O. BRICE PRESIDENT	Name and Title:	
Address	12595 SW 137 AVE	Address:	
	UNIT 106		
	MIAMI FL 33186		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Kevin O. Brice

Address: 12595 SW 137 Ave Unit 106
Miami FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kevin O. Brice

Address: 12595 SW 137 Ave Unit 106
Miami FL 33186

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

X _____ 9/18/19
Required Signature/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.

X _____ 9/18/19
Required Signature/Incorporator Date