

P2000001519
 Florida Department of State
 Division of Corporations
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To:

Division of Corporations
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
 CROSS MEDICAL CENTERS, INC.**

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

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 2020 FEB 20 AM 11:02

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ADD EIN: 84-4795861

ARTICLE I NAME: The name of the corporation is:

CROSS MEDICAL CENTERS, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1555 N. KROME AVENUE

HOMESTEAD, FL. 33030

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

MARIA ANTOINETTE CRUZ-MCGARY P/S

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

MARIA ANTOINETTE CRUZ-MCGARY

1555 N. KROME AVENUE

HOMESTEAD, FL. 33030

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

MARIA ANTOINETTE CRUZ-MCGARY

1555 N. KROME AVENUE

HOMESTEAD, FL. 33030

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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

Matthew A. Gray McLaury 02/20/2020
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.

Matthew A. Gray McLaury 02/20/2020
Incorporator Date