P20000017181

Division of Corporations

Florida Department of State
Division of Corporations
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T. SCOTT

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FLORIDA PROFIT/NON PROFIT CORPORATION
LA FAMILIA MEDICAL CENTER HIALEAH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$70.00

Electronic Filing Menu Corporate Filing Menu Help

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 LA FAMILIA MEDICAL CENTER HIALEAH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is
3820 W. 12 AVE.	
HIALEAH, FL 33012	

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: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	NORMA BUSTAMANTE (P.S.D)	Name and Title	
Address	3820 W. 12 AVE.	Address:	
	HIALEAH, FL 33012		
Name and Title		Name and Title	
Address		Address:	
Name and Title		Name and Title:	
Address		Address:	

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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 NORMA BUSTAMANTE

Address 3820 W. 12 AVE

HIALEAH, FL. 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name NORMA BUSTAMANTE

Address 3820 W. 12 AVE

HIALEAH, FL. 33012

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.

Norma Bustamante

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.

Norma Bustamante

Required Signature Incorporator _____ Date