

P20000026623
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 : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786)362-0124
Fax Number : (305)675-0701

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
REGIONAL MED CENTER INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FL

2020 MAR 26 PM 12:39

FILED

2020 MAR 26 AM 7:37

Electronic Filing Menu

Corporate Filing Menu

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

ARTICLE I NAMEThe name of the corporation shall be: REGIONAL MED CENTER INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8370 W FLAGLER ST. SUITE 244MIAMI, FL 33144**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: P CORREA, ALAIN

Name and Title: _____

Address

8370 W FLAGLER ST. SUITE 244

Address: _____

MIAMI, FL 33144

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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2020 MAR 26 PM 12:39
CLERK OF STATE
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CORREA, ALAIN
Address: 8370 W FLAGLER ST. SUITE 244
Miami, FL 33144

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CORREA, ALAIN
Address: 8370 W FLAGLER ST. SUITE 244
Miami, FL 33144

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 03/26/2020 (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

Required Signature/Registered Agent

03/25/2020
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.

Required Signature/Incorporator

03/25/2020
Date

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