

50-07

# P20000043421

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**SUNRISE MEDICAL CENTER OF FLORIDA, INC**

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

2020 JUN 15 PM 5:00

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Sunrise Medical Center of Florida, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1460 NW 107 Ave Unit A Miami FL 33172**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Blanca Irlenis Bruzon Concepcion (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

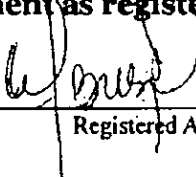
Blanca Irlenis Bruzon Concepcion1460 NW 107 Ave Unit A Miami FL 33172**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Blanca Irlenis Bruzon Concepcion1460 NW 107 Ave Unit A Miami FL 33172

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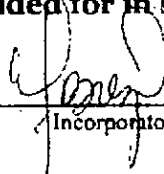
**Required Signatures:**

**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**

  
\_\_\_\_\_  
Registered Agent

6/15/20  
\_\_\_\_\_  
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

6/15/20  
\_\_\_\_\_  
Date