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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email	Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION ADVANCED GROUP MEDICAL CENTER, INC.

JUL 22 PH 1: 36 SEND OF CORPORATIONS PEND OF CONTERCIAL NEW CLIEN SERVICES

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

din	nced Group Medical Center, Inc
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	13401 SW 5605+ Mami FL 33175
	4 - 3
ARTI	CLE III SHARES: The number of shares of stock is:
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	Lourdes J Digz. (P)
-(D142 (1)
	FIGLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The n	ame and Florida street address (PO Box not acceptable) of the registered agent is:
	1000 SG SC 100 10 33175
	13401 DW 56 St miani PL 33175
_	
ART	ICLE VI INCORPORATOR: The name and address of the Incorporator is:
	$1/\Omega\Omega\Omega\Omega\Sigma$
	LOURDES J DIAZ 13401 SW SG ST MIAMI FZ 33175

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 familia: with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent 7/16/20

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.

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