

P 20000064102

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 : LAZARUS CORPORATE FILING SERVICE, INC.
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REGISTRATION
COMMERCIAL
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
NORTON MEDICAL CENTER INC**

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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

The principal street address and mailing address is:

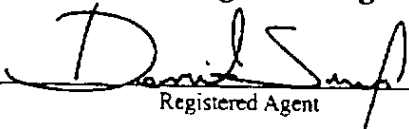
4000 Hollywood Blvd Hollywood, FL 33021**ARTICLE III SHARES:** The number of shares of stock is: 30,000**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**David Sauri(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

David Sauri4000 Hollywood Blvd Hollywood, FL 33021**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:David Sauri4000 Hollywood Blvd Hollywood, FL 33021

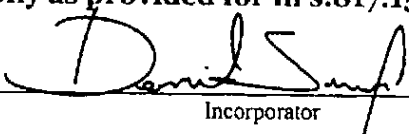
Required Signatures:

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 8/20/2020
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.



Incorporator 8/20/2020
Date