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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
CUAN MEDICAL CENTER INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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2020 SEP -4 PM 2:11

Electronic Filing Menu Corporate Filing Menu Help

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SEP 04 2020

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: Guan Medical Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7210 Gleneagle Dr.
Miami Lakes FL 33014

Mailing address, if different is:

7210 Glenneagle Dr.
Miami Lakes FL 33014

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: 100 SHARES @ 1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pres. Alsa Guan

Address: 7210 Glenneagle Dr
Miami Lakes
FL 33014

Name and Title:

Address:

Name and Title: Sec. Jesus Cruz

Address: 7210 Glenneagle Dr
Miami Lakes
FL 33014

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

20 SEP -4 PM 12:10

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: AILSA CUAN

Address: 7210 GLENEAGLE Dr

MIAMI LAKES FL 33014

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: AILSA CUAN

Address: 7210 GLENEAGLE Dr

MIAMI FL 33014

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7-29-2020 (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

X _____

Required Signature/Registered Agent

7-29-2020

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.

X _____

Required Signature/Incorporator

Date 7-29-20