

**P210000001919**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H21000013230 3)))



H210000132303ABCM

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**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:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
GASTON MEDICAL CENTER CORP**

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:

GASTON MEDICAL CENTER CORP

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2200 NORTH COMMERCE PARKWAY WESTON FL 33326

**ARTICLE III SHARES:** The number of shares of stock is: 30,000**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

VANESSA PEREZ - President

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

VANESSA PEREZ

2200 NORTH COMMERCE PARKWAY WESTON FL 33326

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

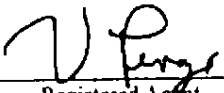
VANESSA PEREZ

2200 NORTH COMMERCE PARKWAY WESTON FL 33326

2021 JAN 11 PM 4:53

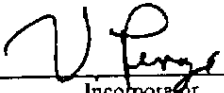
**Required Signatures:**

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

1/7/2021  
\_\_\_\_\_  
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

1/7/2021  
\_\_\_\_\_  
Date