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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
PRO LIFE 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:PROLIFE MEDICAL CENTER. CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10570 NW 27th AVE, Miami, FL 33147
SUITE 101**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**MANUEL JOSE AMIGO GUILLER
(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

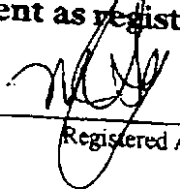
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Manuel Jose Amigo Guiller
10570 NW 27th Ave, Miami FL
33147 Suite 101**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Manuel Jose Amigo Guiller
10570 NW 27th Ave Miami
FL 33147 Suite 101

2021 FEB -2 PM 1:06

Required Signatures:

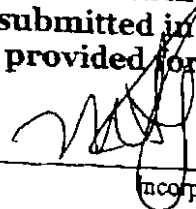
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

2/1/2021
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

2/1/2021
Date

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