

P21000014367

Florida Department of State
Division of Corporations
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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ROSITA COMMUNITY MEDICAL CENTER INC**

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

for 12/17/21

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: ROSITA COMMUNITY MEDICAL CENTER INCARTICLE II PRINCIPAL OFFICEPrincipal street address1060 NE 42 TERR.HOMESTEAD FL 33033

Mailing address, if different is:

1060 NE 42 TERRHOMESTEAD FL 33033ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARESThe number of shares of stock is: 100*1.00ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: CINDY TIRADO-PRESIDENTAddress: 1060 NE 42 TERR
HOMESTEAD
FLORIDA 33033

Name and Title: _____

Address: _____

Name and Title: MARIELYS BARRIOS MARIN-VI_PRESIDENTAddress: 9870 SW 46 ST
MIAMI FLORIDA
33165

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2021 FEB 16 PM 4:51
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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: CINDY TIRADO
Address: 1060 NE 42 TERR
HOMESTEAD, FL 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CINDY TIRADO
Address: 1060 NE 42 TER
HOMESTEAD, FL 33033

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/20/2021 (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

[Signature]

Required Signature/Registered Agent

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.

[Signature]

Required Signature/Incorporator

Date