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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.
Account Number : I20000000019
Phone : (305)552-5973
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****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
MYM MEDICAL CENTER INC

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

J. FASON

MAR 02 2021

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DIVISION OF CORPORATIONS
INTERNAL REVENUE

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Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME: The name of the corporation is:

MYM Medical Center inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3383 NW 7 St

Suite 302 Miami, FL

33133

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Edmundo Ramon Trujillo P.

Miguel Antonio Trujillo V.P.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Edmundo Ramon Trujillo

3383 NW 7 St Suite 302

Miami FL 33133

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

Edmundo Ramon Trujillo

3383 NW 7 St Suite 302

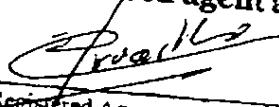
Miami FL 33133

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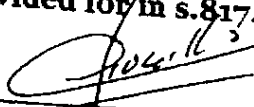
Required Signatures:

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_____
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_____
Date

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