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	Division of Cor	porations	FT.
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From:			Are Orași
	Account Name Account Number Phone Fax Number		<u> </u>
	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 SPECIALTY MEDICAL CENTER CORP

CAR 2 9 2021

T. SCOTT

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

SPECIALTY MEDICAL CENTER CORP
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
600 N. Pine Island Road Plantation, FL 33324
ARTICLE III SHARES: The number of shares of stock is: 100,000
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
GEISEL RAMOS (P)
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25. S
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is
GEISEL RAMOS
600 N. Pine Island Road Plantation, FL 33324
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is
GEISEL RAMOS
600 N. Pine Island Road Plantation, FL 33324

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 3/24/2021

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 3/24/2021

Date