

Division of Corporations

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 : ALLSTATE MEDICAL CONSULTING, INC.  
Account Number : I20110000067  
Phone : (786)362-0124  
Fax Number : (305)675-0701

**\*\*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  
OZ MEDICAL AND REHAB CENTER INC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$70.00

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

**ARTICLE I NAME**The name of the corporation shall be: OZ MEDICAL AND REHAB CENTER INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

698 W 15 ST.  
HIALEAH, FL 33010**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: P. ZAMORA, OSMAY

Name and Title: \_\_\_\_\_

Address 698 W 15 ST

Address: \_\_\_\_\_

HIALEAH, FL 33010Name and Title: P. MIRABAL, CYNTHIA

Name and Title: \_\_\_\_\_

Address 1337 OCEAN BREEZE AVE

Address: \_\_\_\_\_

MARATHON, FL 33055

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2021 MAY 14 PM 3:48

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: ZAMORA, OSMAY  
Address: 698 W 15 ST  
HIALEAH, FL 33010

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ZAMORA, OSMAY  
Address: 698 W 15 ST  
HIALEAH, FL 33010


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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.

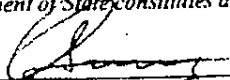
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

05/12/2021

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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

05/12/2021

Date

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