

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)517-6381

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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ST. PETER MEDICAL CENTER INC

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

OCT 15 2021

T. SCOTT

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: St. Peter Medical Center IncARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

7805 SW 24 St Suite 103Miami, FL 33155ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 1,000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: PETER SZAJKO / P

Name and Title: _____

Address

7805 SW 24 St

Address: _____

Suite 103Miami, FL 33155

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

2021 OCT 14 AM 9:14

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PETER SZAJKO
Address: 7805 SW 24 St Suite 103
Miami, FL 33155

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: PETER SZAJKO
Address: 7805 SW 24 St Suite 103
Miami, FL 33155

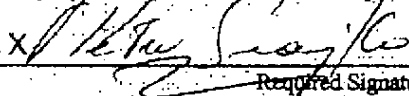
ARTICLE VIII EFFECTIVE DATE

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.

X  10/08/2021
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.

X  10/08/2021
Required Signature/Incorporator Date