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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 ; (305)552-5973 Phone : (305)675-5944 Fax Number

\*\*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 HUMANITARY MEDICAL CENTER PINELLAS, INC

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

T. SCOTT

DEC 1 0 2021

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

Effective Date 1/1/2022

**ARTICLE 1** NAME: The name of the corporation is:

Humanitary Medical Center Pinellas, INC		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
6500 66th N Pinellas Park, FL 33781		
	<del></del>	
ARTICLE III SHARES: The number of shares of stock is:		
		<b>-</b> '
ARTICLE IV INITIAL DIRECTORS AND/OR OFFI	CERS:	
Eliece <u>r Gonzalez (P)</u>		
	Ç	DÉC -
		9
	·	
	कर्तुं गुरुपुर	0
ARTICLE V INITIAL REGISTERED AGENT AND STREET	ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the reg	istered agent is:	:
Eliecer Gonzalez	<del>_</del>	
6500 66th N Pinellas Park, FL 33781		
	<del></del>	
ARTICLE VI INCORPORATOR: The name and address of the l	incorporator is:	
Eljecer Gonzalez		
6500 66th N Pinellas Park, FL 33781		

## 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

I submit this document and affirm that the facts stated berein 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.

12/09/2021