

**P22000064722**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
RIVER MEDICAL CENTER INC**

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

2022 AUG 18 PM 3:16

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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:RIVER MEDICAL CENTER INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

85 GRAND CANAL DR  
SUITE # 104  
MIAMI FL 33144**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ARSENIO FUNDORA (P)  
8832 NW 150 ST  
MIAMI LAKES, FL 33018**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**


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

ARSENIO FUNDORA  
8832 NW 150 ST  
MIAMI LAKES, FL 33018**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ARSENIO FUNDORA  
8832 NW 150 ST  
MIAMI LAKES, FL 3301822 AUG 18 PM 7:03  
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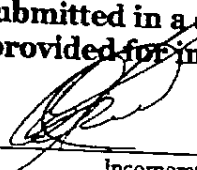
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**Required Signatures:**

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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