Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000338356 3)))



H230003383563ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. S. CHATHAM
SEP L'O LUL'S

ľo:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

**Fnter the email address for this business entity to be used for Future annual report mailings. Enter only one email address please."*

Ema	i	1	Address	
cma	7	1	AUGLESS	:

FLORIDA PROFIT/NON PROFIT CORPORATION LIAMED MEDICAL CENTER INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE J NAME: The name of the corporation is:						
Liamed Medical Center Inc						
ARTICLE II PRINCIPAL OFFICE:						
The principal street address and mailing at						
12175 SW 132 CT						
12175 SW 132 CT Mami Fforida 33186						
ARTICLE III SHARES: The number of shares of stock is:						
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:						
- Hildelisa Maria Ascunce (P)						
No.						
CA						
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:						
The name and Florida street address (PO Box not acceptable) of the registered against the constraints and provide the constraints are constraints and provide the constraints and provide the constraints and provide the constraints are constraints and provide the constraints and provide the constraints are constraints and provide the constraints and provide the constraints are constraints and provide the constraints are constraints and constraints and constraints are constraints are constraints and constraints are constraints and						
Hildelisa M Ascunce						
88615W 142nd Are Apto 9-18						
Mami FL 33186						
A DOWGY THE						
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Hidelisa H Ascunce						
8861 Sw 142nd Ave Anto 7-18						
Klami FL 35100 71-18						

Required Signatures:

Having been named as registered agent to acc corporation at the place designated in this cer appointment as registered agent as	ept service of process for the above stated tificate, I am familian with and accept the
9// 7// 782111 20	du agree to act in this capacity
	• •
Registred Agent	Date
	Dett

I submit this document and affirm that the facts stated herein are time. 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 \$.817.155, F.S.

Date

· 26 hii 8: