

P24000039502

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 : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
VIDA MEDICAL CENTER, INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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2013 JUN 11 PM 3:55
FLORIDA DEPARTMENT OF STATE
ALL ADMINISTRATIVE FEES PAID

Account Request

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

VIDA MEDICAL CENTER, INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

5040 NW 7TH ST SUITE 530

MIAMI FL 33126

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

DUNIA BENITEZ- PRESIDENT

5040 NW 7TH ST SUITE 530

MIAMI FL 33126

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

DUNIA BENITEZ

5040 NW 7TH ST SUITE 530

MIAMI FL 33126

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

DUNIA BENITEZ

5040 NW 7TH ST SUITE 530

MIAMI FL 33126

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HEREIN IS UNCLASSIFIED
DATE 06/11/2013 BY 60322

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

06-05-2024

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

06-05-2024

Date