

P25000001149

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H25000007915 3)))



H250000079153ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
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

****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
PR SURGERY CENTERS, INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2025 JAN -7 PM 4:27

TALLAHASSEE, FL

2025 JAN -7 AM 11:10
TALLAHASSEE, FL
STATE

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: PR Surgery Centers, Inc

ARTICLE II PRINCIPAL OFFICE

Principal Street Address: 12540 SW 203rd Street
Miami, FL 33177

Mailing Address if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LIZANDRA PERDOMO (PRESIDENT)

Address: 12540 SW 203rd Street
Miami, FL 33177

Name and Title: NATALIA M ROQUE (VICE PRESIDENT)

Address: 12540 SW 203rd Street
Miami, FL 33177

Name and Title: NATALIE ROQUE (MANAGER)

Address: 12540 SW 203rd Street
Miami, FL 33177

SECRETARY
STATE
TALLAHASSEE, FL

2025 JAN -7 AM 11:10

FILED

ARTICLE VI REGISTERED AGENT

The name and Florida Street address (P.O. Box NOT acceptable of the registered agent is:

Name: LIZANDRA PERDOMO

Address: 12540 SW 203rd Street

Miami, FL 33177

ARTICLE VII INCORPORATOR

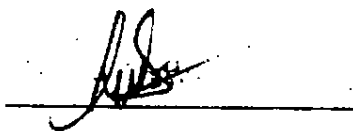
The name and address of the Incorporator is:

Name: LIZANDRA PERDOMO

Address: 12540 SW 203rd Street

Miami, FL 3317

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



Required Signature/Registered Agent

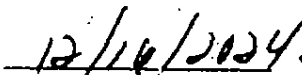


Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator



Date

FILED
2025 JAN -7 AM 11:10
SEC
TALAMASSEE FL