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P. 001

1/04/95 FLORIDA DIVISION OF CORPORATIONS 2:53 PM PUBLIC ACCESS SYSTEM (((H95000000123))) ELECTRONIC FILING COVER SHEET TO: DIVISION OF CORPORATIONS FROM: FAS-T CORP. AGENTS, INC. DEPARTMENT OF STATE 8405 NW 53RD ST STATE OF FLORIDA SUITE C-100 409 EAST GAINES STREET MIAMI FL 33166-2-TALLAHASSEE, FL 32399 CONTACT: LIDIA FERNANDEZ FAX: (984) 922-4888 PHONE: (305) 599-0839 FAX: (305) 592-9591 (((H95000000123))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. NAME: BELMAR DIAGNOSTIC & MEDICAL CENTER, INC. FAX AUDIT NUMBER: H95000000123 CURRENT STATUS: REQUESTED DATE REQUESTED: 01/04/1995 TIME REQUESTED: 14:53:29 CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 1 NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX ESTIMATED CHARGE: \$78.75 ACCOUNT NUMBER: 071001002335 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H95000000123)))

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M. BRIM JAN 5 1995

PERMITTED AND SERVICES OF THE SERVICES OF THE

January 5, 1995

FAS-T CORP

SUBJECT: BELMAR DIAGNOSTIC & MEDICAL CENTER, INC.

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

DID NOT RECEIVE PAGE 1 OF THE ARTICLES.

Do you like this letter? Y/N

Please return your document, along with a copy of this letter. Within 60 days or your filing will be considered anandoned.

if you have any questions concerning the filing of your document, please call (904) 487-6926.

Martha Brim Corporate Specialist

FAX Aud. #: H950000001233 Letter Number: 995A00000179

Division of Corporations - P.O. Box 6327 Fallaherry, Francisco 32314

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H950000000123

ARTICLES OF INCORPORATION <u> 10</u>

BELMAN DIAGNOSTICS & MEDICAL CENTER, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, horaby adopt(a) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BELMAR DIAGNOSTICS & MEDICAL CENTER, INC.

The principal place of business of this corporation shall be:

123 ZAMORA AVE, CORAL GABLES, PL 33134

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Plorida, or any other state, country, territory or mation.

ARTICLE III CAPITAL STOCK
The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is one hundred shares at five dollars par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

DIRECTOR/ PRESIDENT

MARIA VALDES 123 ZAMORA AVE

CORAL GABLES, PL 33134

DIRECTOR/ VICE-PRESIDENT

ISABEL BAYUELO 123 ZAMORA AVE

CORAL GABLES, PL 33134

PREPARED BY: ISABEL BAYUELO 123 ZAMORA AVE CORAL GABLES, PL 33134 305-553-9959

BAYUELO

H950000000123

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is(are):

MARIA VALDES 123 ZAMORA AVE MIAMI, PL 33134

ISABEL BAYUELO 123 ZAMORA AVE MIAMI, PL 33134

The undersigned has (have) executed these Articles of Incorporation this 3rd day of January, 1995.

MARTA VALDES

MARIA VALDES

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H95000000123

CERTIFICATE OF DESIGNATION REGISTERED AGENT\REGISTELED OFFICE

Pursuant to the provisions of setion 607.0501, Plorida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: BELMAR DIAGNOSTICS & MEDICAL CENTER. INC.
- 2. The name and address of the registered agent and office is:

MARTA VALDES 123 ZAMORA AVE MIAMI, PL 33134

SIGNATURE Maria	Valdes
TITLE RES	
DATE 1/3/95	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND AM PAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Marin	Valdes
DATE 1/3/95	

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** ALL To FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS Societary of State 1996 **DIVISION OF CORPORATIONS** DOCUMENT # P95000001390 96 SEP 19 PM 2: 50 te 1013 BELMAR DIAGNOSTIC & MEDICAL CENTER, INC. Principal Place of Business Mailing Address 123 ZAMORA AVE 123 ZAMORA AVE CORAL GABLES FL 33134 CORAL GABLES FL 33134 3. Date incorporated or Qualified 3a. Date of Last Report 01/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 52-**342**4 PO BOX Applied For 26 45- 0560819 Suite, Apt # etc. Not Applicable Suite, Apt. #, etc. 22 5, Certificate of Status Desired \$8.75 Additional City & Stat i Fee Required City & State Miami 6. Election Campaign Financing 23 FL \$5.00 May Bo 28 П Trust Fund Contribution Zio Added to Fees 3 3 3 152 Country Country This corporation has liability for intangible tax under s. 199.032, 24 25 DADE 29 Florida Statutos Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VALDES, KIARIA Name MARIA **Fernandez** 123 ZAMORA AVE Street Address (P.O. Box Number is Liet Acceptable) 82 CORAL GABLES FL 33134 83 123 BamoAA Avenue. City Conal Gables 84 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am tamiliar with, and accept the obligations of, Section 607 0505, Florida Statutes

SIGNATURE

Signature bytest or purpose agent and the supplicable (NOTE Regulative required when renatating)

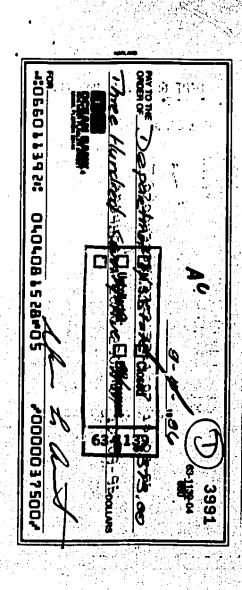
One of the purpose of changing its registered agent and the supplicable (NOTE Regulative required when renatating)

Date 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE (986) (986) DELETE 1 1 THE DP Change Addition MALIF VALDEZ, MARIA FERNANDEZ MARIA 12 NAME STREET ADDRESS 123 ZAMORA AVE CR2E034 123 ZAMORA AVENUE 103 1.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY ST ZIP 14 City-St-Zip CORAL GABLES FL 33134 TITLE DELETE 2.1 TITLE DV BAYUELO, ISABEL Change Addition NAME 2 2 HAME ARMENTE ROS 123 ZAMORA AVE MARIA STREET ADDRESS 2.3 STREET ADDRESS 128 ZAMORA AVENUE 103 CORAL GABLES FL 33134 CITY-ST-ZIF 2 4 CITY - ST - ZIP CORAL-69BLES 33734 TITLE DELETE 31 11111 Change Addition NAUE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS LITY ST ZIP 34 City-ST-ZIP HILF DELETE 41 1111 6 Change Addition NASAF 4 2 NAME STREET ADDRESS 900001965419 4.3 STREET ADDRESS CITY ST-ZIP -10/04/96--01063--026 44 CITY - ST - ZU TETLE ****375.00 _*****375,00.iiii DELETE 5 1 DILE NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 54 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition PIAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if that my name appears in Block 13 or Block 13 or changed, or on an attachment with an address. 64 CITY-ST-ZIP SIGNATURE: tem

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON SIRECTOR

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The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 5, 1996

Belmar Diagnostic & Medical Center, Inc. 123 Zamora Avenue Coral Gables. FL 33134

SUBJECT: BELMAR DIAGNOSTIC & MEDICAL CENTER, INC. Ref. Number: P95000001390

Debit Memo #: 71453-D

This is to inform you that your check #3991 dated September 10, 1996 in the amount of \$375.00 and submitted for BELMAR DIAGNOSTIC & MEDICAL CENTER, INC. has been returned to us by your bank because of Account Closed.

We request that you remit a cashier's check or money order in amount of \$393.75 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations Attn: Melinda Lilliston P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely,
Melinda Lilliston
Adminictory Assistant I
Division Corporations

Letter number: 496A00050736



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 16, 1996

Belmar Diagnastic & Medical Center, Inc. 123 Zamora Avenue Coral Gables, FL 33134

SUBJECT: BELMAR DIAGNOSTIC & MEDICAL CENTER, INC. Ref. Number: P95000001390

Debit Memo #: 71453-D

Due to your failure to respond to our previous letter advising you of the returned check #3991, the Reinstatement for BELMAR DIAGNOSTIC & MEDICAL CENTER, INC. has been cancelled and is considered not filed as of

The status of your corporation has now reverted to its previous status of administratively dissolved or revoked.

If you have any questions concerning the returned check, please call (904) 487-

Sincerely Melinda Lilliston Administrative Assistant I **Division of Corporations**

Letter number: 196A00056008