

P95000002601

EDGAR MENDOZA

(Requestor's Name)

1085 E 4th AVE

(Address)

HALEAH, FL 33010

(City, State, Zip)

(Phone #)

400001374324  
-01/10/95--01016--005  
\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

95 JAN -9 AM 11:04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

INTERCONTINENTAL MEDICAL CENTER OF HALEAH, INC.

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

SPC

Examiner's Initials

ARTICLES OF INCORPORATION

OF  
INTERCONTINENTAL MEDICAL CENTER OF HIALEAH, INC.

The undersigned Incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt the following articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:  
INTERCONTINENTAL MEDICAL CENTER OF HIALEAH, INC.

The principal place of business of this corporation shall be:  
1085 E. 4TH AVE HIALEAH, FL 33010

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 Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized have outstanding at one time is:

( 60 ) None par Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

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ARTICLE VI INCORPORATOR (S)

The name, age and street address, next of the incorporator(s) to the articles of incorporation is (are) :

EDGAR MENDOZA AND OR NELSON TORRES  
1000 East 4th Avenue  
Hialeah, FL 33010

IN WITNESS WHERE OF, the undersigned incorporator(s) has (have) executed these articles of incorporation this :

26 day of NOVEMBER 1994

Signature(s) of incorporator(s):

Edgar Mendoza  
Nelson B. Torres

State of FLORIDA

County of DADE

The foregoing instrument was acknowledged and sworn to before me this

26 day of NOVEMBER, 1994 by EDGAR MENDOZA, NELSON TORRES  
(Name of incorporator)

OF: INTERCONTINENTAL MEDICAL CENTER OF HIALEAH, INC  
(Name of Corporation)

Notary Public

Sandra M. Acosta  
My Commission Expires: MARCH 15 1997

(SEAL) ==>



OFFICIAL SEAL  
SANDRA M. ACOSTA  
My Commission Expires  
March 15, 1997  
Comm. No. CC 266776

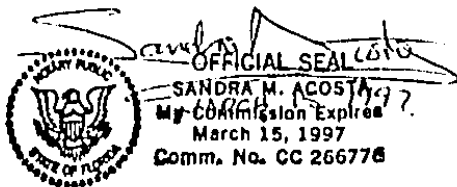
CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to provisions of Section 607.32, Florida Statutes, the undersigned corporation, organized under the law 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 corporation is: INTERCONTINENTAL MEDICAL CENTER OF HIALEAH, INC.

2. The name and address of the registered agent and office is:

BERNARDINE M. FUENTES,  
6420 North West Blvd  
Suite B 1007  
Orlando Florida 32835



SIGNATURE: *[Signature]*

Corporate Officer

TITLE: President

DATE: 20th Dec 1994

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HAVING BEEN NAILED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATION OF SECTION 607.325 FLORIDA STATUTES.

*[Signature]*