

P 95000066977

CARLOS A. LOPEZ-ALBEAR, P.A.

421 S.W. 21st Road
Miami, Florida 33129
(305) 856-8199
Facsimile (305) 541-1650

95 AUG 28 AM 9:52

ALP:ALP 100000

August 25th, 1995

300001571903

-08/29/95--01046--008

****122.50 ****122.50

Office of the Secretary of State
Division of Corporations
The Capital
Tallahassee, Florida 32304

RE: VICTORY MEDICAL CENTER, INC

Gentlemen:

Enclosed are one executed and one conformed copy of the Articles of Incorporation of the above-named company and our check in the amount of \$122.50 representing the filing fee for same.

If any other documentation is required from this corporation, kindly contact my office immediately and I shall forward same to the Secretary of State.

Very truly yours,

CARLOS A. LOPEZ, ESQ.

CAL:ol

Enclosures

PH AUG 30 1995

ARTICLES OF INCORPORATION
OF
VICTORY MEDICAL CENTER INC.

95 AUG 20 AM 9:32

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

THE UNDERSIGNED, ACTING AS INCORPORATOR OF A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

FIRST: The name of the corporation is Victory Medical Center Inc. The address of the corporation is 1545 S.W. 1st Street, Suite 200, Miami, Florida 33135.

SECOND: The period of its duration is perpetual.

THIRD: The date and time of the commencement of the corporate existence shall be the date of the filing of these Articles by the Department of State.

FOURTH: The purpose or purposes for which the corporation is organized is to engage in the transaction of any or all lawful business for which the corporation may be incorporated under the provisions of the Florida General Corporation Act.

FIFTH: The aggregate number of shares which the corporation shall have authority to issue is TEN THOUSAND (10,000) SHARES of capital stock, \$0.10 par value each.

SIXTH: The number of directors constituting the initial Board of Directors of the corporation are three (3) and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualified are:

Emma J. Lopez
2812 Prairie Avenue
Miami, Florida 33140

95 APR 20 AM 11 02

1. *Phragmites australis* (Cav.) Trin. ex Steud. (Common reed)

Carlos A. Lopez
421 S.W. 21 Road
Miami, Florida 33129

DATED: August 25th, 1995.

STATE OF FLORIDA))
COUNTY OF DADE) SS:

NOTARY PUBLIC, STATE OF
FLORIDA AT LARGE

YVETTE M SYFERT
My Commission CC348303
Expires Feb. 03, 1998
Bonded by HAI
(61) 422-1555

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 OCT 16 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000066977

1. Corporation Name

VICTORY MEDICAL CENTER INC.

Principal Place of Business

1545 SW 1ST ST, SUITE 200
MIAMI FL 33135

Mailing Address

1545 SW 1ST ST, SUITE 200
MIAMI FL 33135

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/28/1995

5. F.I.T. Number

65-0013882

Applied For
Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Officer	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	LOPEZ, EMMA J	2812 PRAIRIE AVE	MIAMI FL 33140
D	LOPEZ, MARIELLA	2812 PRAIRIE AVE	MIAMI FL 33140
D	LOPEZ, CARLOS A	421 SW 21 RD	MIAMI FL 33129

400001973254-0
-10/14/96--01044--018
****375.00 ****375.00

8. Name and Address of Current Registered Agent

LOPEZ, CARLOS A
421 SW 21 RD
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Carlos Lopez

REGISTERED AGENT MUST SIGN

Date 9-16-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 of F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Carlos Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-96

Date

305-541-3449

Daytime Phone #

CRE040 (7-96)