

P950000 70191

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RECEIVED  
SEP 13 1995  
TALLAHASSEE, FL 32314

SUBJECT: TUCKLER MEDICAL CENTER Inc.,  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Tuckler Domingo  
Name (printed or typed)  
8410 W Flagler st # 215-B  
Address  
Miami FL 33144  
City, State & Zip  
559-0913  
Daytime Telephone number

FILED  
SEP 13 1995  
TALLAHASSEE, FL 32314

AL SEP 13 1995

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP -8 PM 1:46

### ARTICLE I

The name of the corporation shall be:

TUCKLER MEDICAL CENTER INC.,

### ARTICLE II

The principal place of business and mailing address of this corporation shall be:

8410 W Flagler st # 215-B  
Miami Florida 33144

### ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: -500 shares-

### ARTICLE IV

The name and address of the initial registered agent is:

8410 W Flagler st # 215-B  
Miami Florida 33144  
Antonia Tuckler (agent)

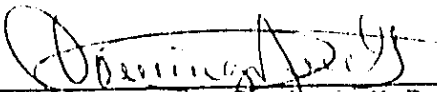
### ARTICLE V


The names and street addresses of the incorporators to these Articles of Incorporation are:

Tuckler Domingo M.D. TITLE: SHARE HOLDER  
13901 SW 84 st PRESIDENT  
Miami FL 33183

Tuckler Antonia TITLE: VICE PRESIDENT  
13901 SW 84 st SECRETARY  
Miami FL 33183 TREASURER

The under signed incorporators have executed these Articles of  
Incorporation this 4th day of September , 1995.

  
Tuckler Domingo M.D.  
President

  
Antonia Tuckler  
VicePresident

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP -8 PM 1:44

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA 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: TUCKLER MEDICAL CENTER Inc.,

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

Antonia Tuckler  
(NAME)

8410 W Flagler st # 215-B  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami FL 33144  
(CITY/STATE/ZIP)

*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 I am familiar with and accept the obligations of my position as registered agent.*

*Antonia S. Tuckler*  
(SIGNATURE)

9/4/95  
(DATE)