Requestor's Name 890 S.W. 87 AVENUE SUITE: 16 Address 900001962199 -06/14/96--01040--020 \*\*\*\*122.50 \*\*\*\*122.50 MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☑ Walk in Certified Copy Pick up time \_\_\_\_\_\_\_\_ Will wait Certificate of Sta Mail out ☐ Photocopy NEW FILINGS AMENDMENTS 2 Profit Amendment NonProfit Resignation of R.A., Officer/Director CIVISION OF CORPORATION Limited Liability Change of Registered Agent 68 30 HY 11 KNF 96 **Domestication** Dissolution/Withdrawal Other Merger

OTHERFILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/A
Foreign
Limited Partnership
 Reinstatement
Trademark
Other

Examiner's Initials

JUN 1 4 1776

# ARTICLES OF INCORPORATION. OF

FILED

96 JUN 14 PH 12: 15

TALLAHASSEE, FLORIDA

#### ARTICLE 1 - NAME

The name of this corporation is NOSTRADAMUS MEDICAL CENTER INC.

#### ARTICLE 11 - PURPOSE

This corporation shall have perpetual existence and may engage in any and all lawful business under the laws of the United States and the State of Florida.

#### ARTICLE 111 - CAPITAL STOCK

This corporation is authorized to issue 500 of one dollar (\$1.00) par value common stock.

#### ARTICLE IV - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new common stock of this corporation, shall have the right to purchase his pro rate share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

#### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The present street address of the office of this corporation is 10801 S.W. 40 Street Miami, FL 33165

The name of the initial Registered Agent of this corporation is MIGDALIA VARELA

### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The initial directors of this corporation is:

migdalia varela - president 1080/ SW 40 st miami F/ enrique varela - vice president 1080/ SW 40 st miami F/

#### ARTICLE VII '-" INCORPORATOR

The name and address of the person signing these Article is:

MENRIQUE VARELA 10801 S.W. 40 Stroot MIAMI, FL 33165

#### ARTICLE VIII' - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officers or directors to the full extent permitted by law.

## ARTICLE IX - BY-LAWS

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and the Shareholders.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this JUNE 12,1996 \_\_\_\_\_\_\_.

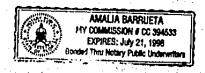
Incorporator

STATE OF FLORIDA )

COUNTY OF DADE

BEFORE ME, a notary public authorized to take acknow-ledgments in the state and county set forth above, personally appeared RENRIQUE VARELA, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal, in the state and county aforesaid this JUNE 12,1996



Oscalia Barrula

NOTARY PUBLIC.

STATE OF FLOAIDA AT LARGE

# CENTIFICATE OF DESIGNATION DEGISTENED AGENT/HEGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered effice/registered agent, in the State of Florida.

1.	The name of the corporation is: NOSTRADAMUS MEDICAL CENTER INC.
	to a second description of the same of the second state of the second se
2.	The name and address of the registored agent and office is:
	MIGDALIA VARELA
•	(NAME) 10801 S.W. 40 Street
	(P.O. GÖX NOT ACCEPTABLE)
	MIAMI, FL 33165
	(CITY/STATE/ZIP)
PR TH AN PI FO	WING BEEN NAMED AS NEGISTERED AGENT AND TO ACCEPT SERVICE OF OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN IS CERTIFICATE, I HERIEBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT DESIGNATED AGENT OF AGREE TO COMPLY WITH THE OVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER PROPER OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE Propriacela
	DATE JUNE 12,1996
	·

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