

P97000027174

TRANSMITTAL LETTER

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

3800001212041134 ---L
-03/21/97-01053-000
*****78.50 *****78.50

SUBJECT PUJOL MEDICAL CENTER, INC.
(Proposed corporate name-)

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

FROM PUJOL MEDICAL CENTER, INC
Name(printed or typed)

454 NW 22 Ave #208
Address

MIAMI, FL 33125
City, State & Zip

(305)
Daytime telephone number

FILED
97 MAR 21 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Provide the original and one copy of the articles

B. REGISTER MAR 26 1997

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

PUJOL MEDICAL CENTER, INC

ARTICLE II PRINCIPAL OFFICE

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

454 NW 22 Avenue #208

Miami, FL 33125

ARTICLE III SHARES

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

500 Hundred Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALEJANDRO M. PUJOL

454 NW 22nd Ave #208

Miami, FL 32125

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

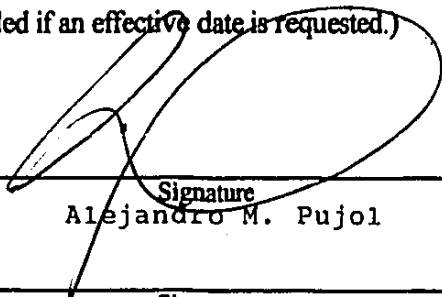
ALEJANDRO M. PUJOL,
827 S.W. 11 AVENUE APT #5
MIAMI, FL 33130

Pdt./Treasury

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21 day of January, 19 97.

(An additional article must be added if an effective date is requested.)



Signature
Alejandro M. Pujol

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

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 PUJOL MEDICAL CENTER, INC.

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

ALEJANDRO M. PUJOL

(NAME)

454 NW 22nd Ave #208

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FL 32125

(CITY/STATE/ZIP)

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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.


(SIGNATURE)

Alejandro M. Pujol

Jan. 21, 1997
(DATE)