

P970000 33735
TRANSMITTAL LETTER

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

FILED
9 APR 14 AM 11:10
TALLAHASSEE, FLORIDA

SUBJECT: SOUTH WIND 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 ☐ \$78.75 ☒ \$122.50 ☐ \$131.25

300002141543--2
-04/14/97--01014--009
****122.50 ****122.50

FROM: Garry D. Millien, M.D.
Name (printed or typed)
436 Island Shore Drive
Address
West Palm Beach, FL. 33413
City, State & Zip
561-963-7691
Daytime Telephone number

P. O. MILLER APR 14 1997

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

ARTICLES OF INCORPORATION
OF

SOUTH WIND MEDICAL CENTER INC.

FILED
97 APR 14 AM 11:10
TALLAHASSEE, FLORIDA

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:

SOUTH WIND MEDICAL CENTER INC.

ARTICLE II PRINCIPAL OFFICE

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

436 Island Shore Drive
West Palm Beach, FL. 33413

ARTICLE III SHARES

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

50

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Garry D. Millien, M.D.
436 Island Shore Drive
West Palm Beach, FL. 33413

ARTICLE V INCORPORATOR(S)

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

President- Garry D. Millien M.D.
436 Island Shore Drive
West Palm Beach, Fl. 33413

Vice-President- Rosa M. Cuello, M.D.
436 Island Shore Drive
West Palm Beach, FL. 33413

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

10th day of April, 1997.

Garry Millien, M.D.

Signature

Rosa M. Cuello, M.D.

Signature

Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 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 OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SOUTH WIND MEDICAL CENTER INC.

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

Garry D. Millien, M.D.

(Name)

436 Island Shore Drive

(P.O. Box not acceptable)

West Palm Beach, FL. 33413

(City/State/Zip)

FILED
97 APR 14 AM 11:10
TALLAHASSEE, FLORIDA

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.

Garry Miller
(Signature)

04/10/97