

9700069461

FLORIDA CORPORATE INDUSTRIES, INC.
 Requester's Name

890 S.W. 87 AVENUE, SUITE: 16
 Address

MIAMI, FLORIDA 33174 (305)552-5973
 City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

500002241195--8
 -07/18/97--01054--024
 *****78.75 *****78.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. HILL VIEW MEDICAL CENTER, INC.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Handwritten signature: 9700069461

Handwritten date: 7/18

Vertical stamp: 97 JUL 19 7:10:49

Examiner's Initials	
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ARTICLES OF INCORPORATION

OF

HILLVIEW MEDICAL CENTER, INC..

ARTICLE I - NAME

The name of this corporation is _____

HILLVIEW MEDICAL CENTER, INC.

ARTICLE II - DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue one hundred (100) shares of no par value common stock, which shall be designated "Common Stock".

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

97 JUL 18 PM 1:03

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ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is _____

3501 WEST VINE STREET, Suite 115, KISSIMEE, FL. 34741

and the name of the initial registered agent of this corporation is OLGA RODRIGUEZ

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have one director(s) initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than ONE. The name and address(es) of the initial director(s) of this corporation is (are):

OLGA RODRIGUEZ

3501 WEST VINE STREET, Ste.115
Kissimmee, Fl. 34741

ARTICLE VIII - INDEMNIFICATION

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

ARTICLE IX - INCORPORATOR

The name(s) and address(es) of the person(s) signing these articles is (are):

OLGA RODRIGUEZ

3501 WEST VINE ST., Ste.115
Kissimmee, Fl. 34741

IN WITNESS WHEREOF, the undersigned subscriber(s) has (have)
executed these articles of incorporation this 11th day of
July, 1997.


OLGA RODRIGUEZ

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN
THE STATE OF FLORIDA, NAMING AGENT UPON WHOM
SERVICE OF PROCESS MAY BE EFFECTIVE

In compliance with section 607.034 of the Florida Statutes,
the following is submitted: HILL VIEW MEDICAL CENTER, INC.
desiring to organize or qualify under the laws of the State of
Florida, with its principal place of business in the City of
Miami, County of Dade, State of Florida, has named _____
OLGA RODRIGUEZ _____ located at _____
3501 WEST VINE STREET, Ste.115 City of Kissimmee, County of Osceola
State of Florida as its agent to accept service of process within
the State of Florida.

ACKNOWLEDGMENT

Having been named to accept service of process for the above
mentioned corporation, at the place designated in this Certificate,
I hereby agree to act in this capacity, and further agree to comply
with the provisions of all Statues relative to the proper and
complete performance of my duties.

Dated this 11 day of July, 1997


Resident and Registered Agent

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SECRETARY OF STATE
TALLAHASSEE FLORIDA