

9900080992

Requestor's Name
 890 S.W. 87 AVENUE, SUITE 1
 Address
 MIAMI, FLORIDA 33174 (305)552-5973
 City/State/Zip Phone #
 LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. PERFORMANCE MEDICAL CENTER INC.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #) 600002296726--3
 -09/18/97--01047--023
 *****78.75 *****78.75
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/REQUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 97 SEP 18 PM 12:00
 TALLAHASSEE FLORIDA

RECEIVED
 97 SEP 18 AM 10:52
 DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

OF

THE UNDERSIGNED INCORPORATOR(S) FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

PERFORMANCE MEDICAL CENTER INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE

1255 WEST 44th PLACE
HIALEAH FL. 33012

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OF ALL LAWFUL ACTIVITIES BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1000 SHARES OF ONE DOLLAR (\$ 1.00) PAR VALUE COMMON STOCK.

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

FILED
97 SEP 18 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

99700080992

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FILED
 97 SEP 18 PM 12:00
 TALLAHASSEE FL 32309

RECEIVED
 97 SEP 19 AM 10:52
 OFFICE OF CORPORATION

ARTICLES OF INCORPORATION

OF

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FILED
97 SEP 18 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V OFFICERS DIRECTORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND DIRECTORS IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION(S) EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS (ARE) ELECTED, IS(ARE):

RENE NARANJO PRESIDENT
ORLANDO NARANJO SECRETARY


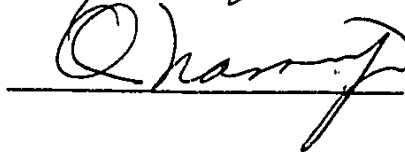
ARTICLE VI INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THIS ARTICLE OF INCORPORATION IS (ARE)

RENE NARANJO	PRESIDENT
ORLANDO NARANJO	SECRETARY
1255 WEST 44th PLACE	
HIALEAH FL. 33012	

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE)
EXECUTED THESE ARTICLES OF INCORPORATION THIS 15 DAY OF SEP. 1997

SIGNATURE(S) OF INCORPORATOR(S)

x 


**CERTIFICATE DESIGNATING
REGISTERED AGENT/ REGISTERED OFFICE**

PURSUANT TO PROVISIONS OF SECTION 607.325 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:

PERFORMANCE MEDICAL CENTER INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

HECTOR VAZQUEZ 6020 SW 147 CT MIAMI FLA 33193

(P.O. BOX NOT ACCEPTABLE)

SIGNATURE X


CORPORATE OFFICER

TITLE PRESIDENT

DATE SEP-15-1997

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTIONS 607.325 FLORIDA STATUTES.

SIGNATURE


REGISTERED AGENT

DATE SEP-15-1997

FILED
SEP 18 PM 12:00
CLERK OF STATE
TREASURY FLORIDA