

P98000038420  
TRANSMITTAL LETTER

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

SUBJECT: Medical Center of Moore Haven Inc.  
(Proposed corporate name - must include suffix)

200002501302--8  
-04/27/98--01079--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Gustavo Dominguez  
Name (Printed or typed)

11249 Pine Valley Dr  
Address

Wellington, FL 33414  
City, State & Zip

Day (941) 946 3500  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 APR 27 PM 3:18

FILED

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

9/4-28-98

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Medical Center of Moore Haven Inc.

### ARTICLE II PRINCIPAL OFFICE

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

1365 US 27 Highway  
Moore Haven, Fl. 33471

### ARTICLE III SHARES

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

2,000 Shares Comm. Stock @ \$1.00 Par Value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Gustavo Dominguez 11249 Pine Valley Dr  
Wellington, Fl. 33411

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Leonor Corce 8913 N.W. 145 St  
Miami, Fl. 33018



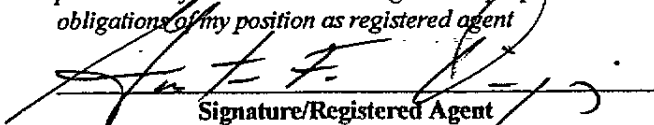
Signature/Incorporator

4/23/98

Date

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

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/Registered Agent

4/23/98

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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