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LOCAL REPRESENTATIVE TALLAHASSEE

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OFFICE USE ONLY

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

1. ST. ANTHONY 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

FILED  
99 FEB 23 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 22, 1999

LAZARUS

MIAMI, FL

SUBJECT: ST. ANTHONY MEDICAL CENTER, INC.  
Ref. Number: W99000004385

We have received your document for ST. ANTHONY MEDICAL CENTER, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 199A00007989

NOTED  
DIVISION OF CORPORATIONS  
99 FEB 23 PM 2:53

**FILED**

99 FEB 23 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CERTIFICATE OF INCORPORATION  
OF**

ST. ANTHONY MEDICAL PAIN CENTER, INC.

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida. Providing for the information, rights, privileges, immunities and liabilities of incorporation for profit.

**ARTICLE I**

The name of the corporation should be:

ST. ANTHONY MEDICAL PAIN CENTER, INC.

**ARTICLE II**

The corporation will engage in any activity of business permitted under the laws of the State of Florida and the United States of America.

**ARTICLE III**

The Corporation is authorized to issue and have outstanding and aggregate number of FIVE HUNDRED (500) shares of one class of common stock, having a par-value of ONE (\$ 1.00) DOLLAR per share.

This consideration to be paid for each share of stock shall be fixed by the Board of Directors.

#### ARTICLE IV

All shareholders of the Corporation shall be vested with full preemptive rights.

#### ARTICLE V

The Name and Address of the Registered Agent in the STATE OF FLORIDA are:

JULIA E. FIALLO

3721 NW FLAGLER TERRACE  
Miami, FL 33126

The PRINCIPAL OFFICE:                      2401 NW 7 ST.  
Miami, FL 33125

Having been named Initial Registered Agent to accept service of process of the Corporation at the Initial Registered Office designated in these Articles of the Incorporation, I hereby accept such and consent to act in this capacity and agree to comply with all the requirements of the Law pertaining thereto.

  
\_\_\_\_\_  
JULIA E. FIALLO

99 FEB 23 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## ARTICLE VI

The number of Directors constituting the initial Board of Directors of the Corporation is one, the number of Directors may be increased or decreased from time to time By the Laws but shall never be less than one.

## ARTICLE VII

The name and addresses of the members of the Initial Board of Directors are:

NAME:

ADDRESS:

JULIA E. FIALLO

3721 NW Flagler Terrace  
Miami, Fl. 33126

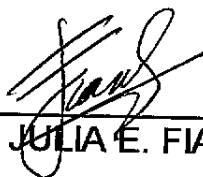
The name and addresses of the Incorporators executing these Articles of Incorporation are:

NAME:

ADDRESS:

JULIA E. FIALLO

3721 NW Flagler Terrace  
Miami, Fl. 33126



JULIA E. FIALLO