

TRANSMITTAL LETTER

**P99000018949**

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

FILED STATION  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
99 FEB 25 PM 12:52

SUBJECT: NATIONAL 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: IRENO LUIS  
Name (Printed or typed)

700002787407--5  
-02/25/99--01068--006  
\*\*\*\*131.25 \*\*\*\*\*87.50

113 - 12<sup>th</sup> AVENUE NORTH  
Address

INDIAN ROCKS BEACH, FLA. 33785  
City, State & Zip

(813) 307-0933  
Daytime Telephone number

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

3-1  
WS

ARTICLES OF INCORPORATION  
OF  
NATIONAL MEDICAL CENTER, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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The undersigned subscribers, each a natural person competent to contract, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be: NATIONAL MEDICAL CENTER, INC.

ARTICLE II

The principal place of business of this corporation shall be: Chantilly Court, Suite B-2  
1555 Howell Branch Road  
Winter Park, FL 32789

ARTICLE III

The duration of this corporation is perpetual.

ARTICLE IV

This corporation is organized for the purpose of operating a business, and transactions of any and all lawful business for this corporations may be incorporated under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE V

The corporation may issue five hundred (500) shares of voting common stock of par value one dollar (\$1.00) each share with preemptive rights preserved.

ARTICLE VI

The name and address of the initial registered agent and officer of the corporation is:

Ireno Luis  
113 - 12<sup>th</sup> Avenue North  
Indian Rocks Beach, FL 33785

## ARTICLE VII

The corporation shall have two directors initially:

Frederic R. Robert  
102 Lea Avenue  
Longwood, FL 32760

Ireno Luis  
113 - 12<sup>th</sup> Avenue North  
Indian Rocks Beach, FL 33785

The number of directors may be increased or diminished from time to time as provided in the by-laws of the corporation.

## ARTICLE VIII

The names and addresses of the officers of this corporation are:

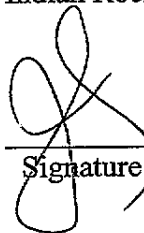
Frederic R. Robert      President      102 Lea Avenue  
Longwood, FL 32760

Ireno Luis      Vice President      113 - 12<sup>th</sup> Avenue North  
Indian Rocks Beach, FL 33785

The number of officers are established by the by-laws and can be changed from time to time, but always should be at least one officer, the President.

## ARTICLE IX

The incorporator of this corporation is: Ireno Luis, Vice President  
113 - 12<sup>th</sup> Avenue North  
Indian Rocks Beach, FL 33785

 \_\_\_\_\_  
Signature      Date      2/19/99

State of Florida  
County of Hillsborough

BEFORE ME, a Notary Public duly authorized in the State of Florida and County of Hillsborough, personally appeared the above mentioned subscriber to me known to be the person described as the subscriber in and who executed the foregoing Articles of Incorporation and acknowledged before me that he executed the same and subscribed to these Articles of Incorporation.

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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Pursuant to the provisions of Section 607.0501, 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: NATIONAL MEDICAL CENTER, INC.
2. The name and address of the registered agent and office is:

Ireno Luis, 113 - 12<sup>th</sup> Avenue North, Indian Rocks Beach, FL 33785

Signature

Ireno Luis, Vice President

Date

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

Date

WITNESS MY HAND and official seal in the County and State named above this



NANCY C. LEYVA  
My Comm Exp. 1/17/00  
Bonded By Service Ins  
No. CC525323

☒ Personally Known ☐ Other I. D.

Notary Public, State of Florida at Large

My commission expires:

1/17/00