Division of Corporation 200040614

# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

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Fax Number : (850)922-4001

From:

: FAS-T CORP. AGENTS, INC. Account Name

Account Number: 071001002335 : (305)599-0839... Phone Fax Number : (305)716-0346

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# FLORIDA PROFIT CORPORATION OR P.A.

CHRIST MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 5, 1999

FAS-T CORP

SUBJECT: CHRIST MEDICAL CENTER, INC.

REF: W99000010473

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Becky McKnight Document Specialist FAX Aud. #: H99000010630 Letter Number: 599A00024250

### ARTICLES OF INCORPORATION

#### OF

### CHRIST MEDICAL CENTER. INC.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

#### ARTICLE I

The name of this corporation shall be:

## CHRIST MEDICAL CENTER, INC.

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

## **ARTICLE III**

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers: To have perpetual succession by its corporate name,

CHRIST MEDICAL CENTER, INC.

Prepared By: Ana Dalmau Ares 3636 SW 87th Ave. Miami, Florida 33165 Phone#(305)-448-2072 99 NAY -5 AMIL: 07 SECKETAKY OF STATE

# ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

# ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

JUAN GIRALDO ALBUERNE C/O CHRIST MEDICAL CENTER, INC. 1970 Palm Avenue #9 HIALEAH, FL. 33010

The principal office shall be:

4160 W 16<sup>TH</sup> AVENUE – STE 404 HIALEAH, FL. 33012

#### ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (1) person and the name and address of the person who is to serve as initial director are:

IUAN GIRALDO ALBUERNE - PRESIDENT 1970 PALM AVENUE - APT. 9 HIALEAH, FL. 33010 The name and address of the incorporator executing these Articles of Incorporation is:

JUAN GIRALDO ALBUERNE 1970 PALM AVENUE - APT. 9 HIALEAH, FL. 33010

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 28<sup>TH</sup> day of APRIL, 1999.

TUAN GIRALDO ALBUERNE

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law 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:

CHRIST MEDICAL CENTER, INC.

2. The name and address of the registered agent and office is:

JUAN GIRALDO ALBUERNE 1970 PALM AVENUE - 9 HIALEAH, FL. 33010

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 DITIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: Y STRALDO ALBURNE

DATE:

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SECRETARE OF STATE

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