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To:

Division of Corporations

Fax Number : (850) 922-400

From:

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

Account Number: 071001002335 Phone: (305)589-0839

Phone : (305)599-0839 Fax Number : (305)716-0346 99 JUN 25 MM 9: 56
SECRETARY OF STATE
AND SECRETARY OF STATE

# FLORIDA PROFIT CORPORATION OR P.A.

BIG LAKE MEDICAL CENTER, INC.

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Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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#### ARTICLES OF INCORPORATION OF BIG LAKE MEDICAL CENTER, INC.

The undereigned 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 this corporation is BIG LAKE MEDICAL CENTER, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

888 W. Sugarland Highway Clewiston, FL 33440

#### ARTICLE III SHARES

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

1000 shares of \$1.00 per value common stock

#### ARTICLE IV INITIAL BOARD OF DIRECTORS

Tel: (305) 220-3420

This corporation shall have two (2) directors initially. The number of directors may be increased or diminished from time to time in accordance with by-laws adopted by the stockholders. The names and addresses of the initial board of directors are:

NAME	ADDRESS			
Maurin Jimenez President, Treasurer	206 NE 1 <sup>st</sup> Street Belle Glade, FL 33430	SECR	NOF 66	
Maura D Garrido V.P., Secretary	206 NE 1 <sup>st</sup> Street Belle Glade, FL 33430	SECRETARY OF STATE TALLAHASSEE FLORIDA	IN 25 AM	
Prepared by: Sergio Massa, Accountant Business Authority Corp. 8347 SW 40th Street Miami, FL 33155		FLORIDA	9: 56	O

## ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Waurin Jimenez 206 NE 1<sup>st</sup> Street Belle Glade, FL 33430

### ARTICLE VI INCORPORATOR

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

Maurin Jimenez 206 NE 1<sup>st</sup> Street Belle Glade, FL 33430

Maurin Jimenez

June 24<sup>th</sup>, 1999 Date

#### ACKNOWLEDGMENT:

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.

Mauriw Jimenez

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SECRETARY OF STATE
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