

OFFICE USE ONLY

LAMARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

100002920691--8

-07/01/99--01046--010

*****78.75 *****78.75

OFFICE USE ONLY

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

1. BERKEN 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

Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME:

The Name of the corporation shall be:

BERKEN MEDICAL CENTER INC
BERKEN MEDICAL CENTER INC.

ARTICLE II - PRINCIPAL OFFICE:

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

3850 SW 87 AVE SUITE #201
MIAMI, FLORIDA 33165

ARTICLE III - SHARES:

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

1,000.00 SHARES OF \$1.00

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

LAZARO A. HERRERA
3850 SW 87 AVE SUITE # 201
MIAMI, FLORIDA 33165.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

99 JUL - 1 PM 2:04

FILED

ARTICLE V - INCORPORATOR(S):

The name (s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

LAZARO A. HERRERA
3850 SW 87 AVE SUITE #201
MIAMI, FLORIDA 33165

ARTICLE VI - DIRECTOR(S):

The name(s) and street address(s) of the director(s) to these Articles of Incorporation is (are):

LAZARO A. HERRERA
3850 SW 87 AVE SUITE # 201
MIAMI, FLORIDA 33165

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
30 day of JUNE, 1999



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:

BERKEN MEDICAL CENTER INC.

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

LAZARO A. HERRERA
3850 SW 87 AVE SUITE # 201
MIAMI, FLORIDA 33165

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.



DATE: 30 , JUNE 1999

99 JUL -1 PM 2:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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