

P99000093803

TRANSMITTAL LETTER

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

800003003679--3
-10/04/99--01047--004
*****131.25 *****87.50

SUBJECT: Prime 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:

Julio Gonzalez
Name (printed or typed)

275 FONTAINEBLEAU Blvd. #190-A
Address

Miami, Florida 33122
City, State & Zip

(305) 529-5409
Daytime Telephone number

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

99 OCT 25 PM 3:19

FILED

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

T. Burch OCT 25 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 6, 1999

JULIO GONZALEZ
275 FONTAINEBLEAU BLVD 190-A
MIAMI, FL 33172

SUBJECT: GENESIS MEDICAL CENTER INC.
Ref. Number: W99000022991

We have received your document for GENESIS MEDICAL CENTER INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 487-6928.

Tim Burch
Document Specialist

Letter Number: 599A00048546

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

ARTICLE I: NAME

The name of the corporation shall be

PRIME MEDICAL CENTER, INC.

ARTICLE II: PRINCIPAL OFFICE

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

**275 FONTAINBLEAU BLVD.
SUITE 190---A
MIAMI, FLORIDA 33172**

ARTICLE III: SHARES

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

10,000 SHARES

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is

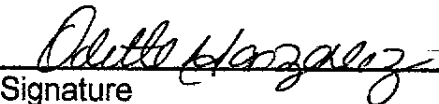
**ODETTE GONZALEZ
275 FONTAINBLEAU BLVD.
SUITE 190---A
MIAMI, FL. 33172**

ARTICLE V: INCORPORATORS

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

**ODETTE GONZALEZ
275 FONTAINBLEAU BLVD.
SUITE 190---A
MIAMI, FL. 33172**

The undersigned incorporator has executed these Articles of Incorporation this 19th day of October, 1999.


Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISION 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:

PRIME MEDICAL CENTER, INC.

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

**ODETTE GONZALEZ
275 FONTAINBLEAU BLVD.
SUITE 190---A
MIAMI, FL. 33172**

Having been named as registered agent and to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointments 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.

Odette Gonzalez

10/20/99