

P21000010469

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000010469 3)))



H210000104693ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
FLAGLER DIAGNOSTIC CENTER INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 JUN -3 PM 4:09

2021 JUN -3 PM 3:36

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:FLAGLER DIAGNOSTIC CENTER**ARTICLE II PRINCIPAL OFFICE:**INC.

The principal street address and mailing address is:

85 GRAND CANAL DR.
SUITE #102
MIAMI FL 33144**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**YAMIR HERNANDEZ GONZALEZ
(PRESIDENT)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

YAMIR HERNANDEZ GONZALEZ
85 GRAND CANAL DR
SUITE #102
MIAMI FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:YAMIR HERNANDEZ GONZALEZ
85 GRAND CANAL DR
SUITE # 102
MIAMI FL 33144

2021 Jan -8 PM 3:36

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent_____
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Incorporator_____
Date

2021 Jan -3 PM 3:36