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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
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 RRM MEDICAL CENTER INC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

RRM. Medical Center INC		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is: 15480 SW 95 LANC Miami FL 33196		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: (20 bevto Rose ((P)		
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[·]		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
15480 SW 95 LANE		
Miomi FL 33196		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
Roberto Cosecc		
15480 SW 95 LANG HIAMI FL 33196		

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

| 01-30-2025 | 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.

0(-30-2025
Incorporator

Date

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