

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P2500000244

FL 2-10-23

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

((H25000048329 3)))



H250000483293ABC0

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: _____

RECEIVED
STATE
FEB -7 PM 5:02

FLORIDA PROFIT/NON PROFIT CORPORATION
SALINA MEDICAL CENTER, CORP.

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

RECEIVED

2025 FEB -7 PM 3:13

STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

MS

Q

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

SALINA Medical Center, Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8366 SW 85th
Miami FL 33144

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Yoani Rodriguez SALINA - P.

2014 FEB -7 PM 5:02

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Yoani Rodriguez SALINA
13374 SW 122 Ave
Miami FL 33186

ARTICLE VI INCORPORATOR: The name and address of the incorporator is:

Yoani Rodriguez SALINA
13374 SW 122 Ave
Miami FL 33186

EIN: 33 - 3300947

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

[Signature] Registered Agent 2/7/25 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.

[Signature] Incorporator 2/7/25 Date

2017 FEB -7 PM 5:02
STATE
FL