

P03000100263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

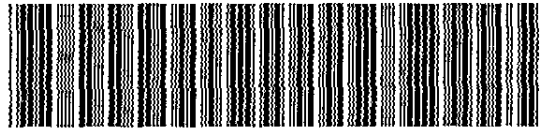
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only



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09/12/03--01023--006 **393.75

RECEIVED
03 SEP 12 AM 10:45
DIVISION OF CORPORATIONS

FILED
03 SEP 12 PM 12:43
TALLAHASSEE, FLORIDA

Handwritten initials

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. BLOOD DISORDER AND INFECTION DISEASE
(Corporation Name) (Document #)
2. MEDICAL CENTER INC.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 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
FOR
**BLOOD DISORDER AND INFECTION DISEASE MEDICAL
CENTER INC.**

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

ARTICLE I NAME

The name of the corporation shall be:

**BLOOD DISORDER AND INFECTION DISEASE MEDICAL
CENTER INC.**

ARTICLE II PRINCIPAL OFFICE

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

2523 N.W. 27TH AVE
MIAMI, FL 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV REGISTERED AGENT

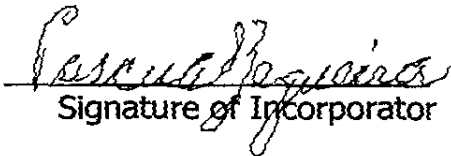
The name and Florida street address of the initial registered agent shall be:

ALICIA BRAVO COLLADO
2523 N.W. 27TH AVE
MIAMI, FL 33142

ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

PASCUAL ZEQUEIRA
JOSE ZEQUEIRA
ALICIA BRAVO COLLADO
2523 N.W. 27TH AVE
MIAMI, FL 33142


Signature of Incorporator

9/11/03
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

PASCUAL ZEQUEIRA (P)
JOSE ZEQUEIRA (V/T)
ALICIA BRAVO COLLADO (S)
2523 N.W. 27TH AVE
MIAMI, FL 33142

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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.


Signature

9/11/03
Date