

P03000108352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

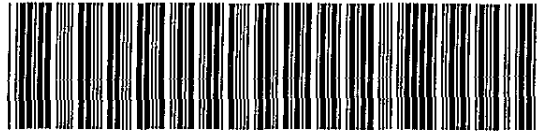
(Document Number)

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W03-25237



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FILED
2003 SEP 30 AM 11:18
CLERK OF STATE
TALLAHASSEE FLORIDA

JF 10/2/03

TRANSMITTAL LETTER

FILED

2003 SEP 30 AM 11:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: MEDISTAR, Health Care Professionals Age
(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: MEDISTAR, Health Care Professionals Inc
Name (printed or typed)

7921 NE 2nd Ave
Address

MIAMI FL 33138
City, State & Zip

(305) 7514002 or (954) 8739955
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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2003 SEP 30 AM 11:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

September 4, 2003

MEDI STAR HEALTH CARE PROFESSIONALS AGENCY INC
7921 NE 2ND AVENUE
MIAMI, FL 33138

SUBJECT: MEDI STAR HEALTH CARE PROFESSIONALS AGENCY, INC
Ref. Number: W03000025237

We have received your document for MEDI STAR HEALTH CARE PROFESSIONALS AGENCY, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The registered agent must sign accepting the designation.

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) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 503A00049347

SECRETARY OF STATE
TALLAHASSEE FLORIDA

03 SEP 30 AM 12:30

RECEIVED

ARTICLE V: TERM OF EXISTENCE

This corporation is to exist perpetually.

PERPETUALLY

ARTICLE VI: OFFICERS AND DIRECTORS

This corporation shall have officers and director(s), initially. The name(s) and street address(es) of the initial officer(s) and director(s) who shall hold office for the first year of the corporation, or until their successor is elected, are:

DR OSNI EUGENE

MRS MARIE M. DOLE

ERMANE G. ROBIN, MD MPH

ARTICLE VII: SUBSCRIBER(S)

The name(s) and street address(es) of the subscriber(s) to these Articles of Incorporation are:

DR OSNI EUGENE

8520, SHERATON DR MIRAMAR FL 33025

MRS MARIE M. DOLE

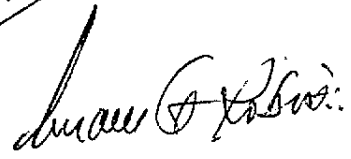
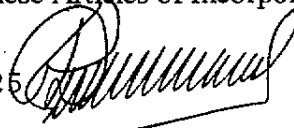
8024 SW 21 CT

MIRAMAR FL 33025

ERMANE G. ROBIN, MD MPH

320 NW 185 TER

MIAMI, FL 33169



IN WITNESS WHEREOF, the undersigned subscriber(s) has (have) executed these Articles of Incorporation this *August, 12*, 2003.

Incorporator(s)

STATE OF FLORIDA
COUNTY OF

Before me, a notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared,

known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (she) acknowledged before me that he (she) (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and County aforesaid, this *12* Day of *August*, 2003

Notary Public

My Commission expires: *9/26/2006*

(SEAL)

Emmanuel Dubois
My Commission DD146564
Expires September 26, 2006

I hereby accept designation of Registered Agent.

Registered Agent

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

PURSUANT TO THE PROVISIONS 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: MEDISTAR, HEALTH CARE PROFESSIONALS AGENCY
INC.

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

OSNI EUGENE
(NAME)
7921 NE 2ND AVE
MIAMI FLORIDA 33138 PHONE (954) 8739955
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE) (305) 7514002
MIAMI FLORIDA 33138
(CITY/STATE/ZIP)

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2003 SEP 30 AM 11:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

09/26/2003
(DATE)