

P05000081861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

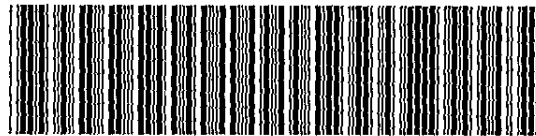
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100055699411

06/06/05--01038--012 **78.75

FILED

05 JUN -6 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 JUN -6 AM 11:08

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T. Burch JUN 7 2005

LAZARUS

CORPORATE FILING SERVICE

Requester's Name

* 3320 S.W. 87TH AVENUE

Address

MIAMI, FL 33165 (305) 552-5973

City/State/Zip

Phone #

Office Use Only

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

1. ANAMED DIAGNOSTIC CENTER, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

☒ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ANAMED DIAGNOSTIC CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3072 WEST 12TH AVENUE. HIALEAH, FLORIDA 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL MEDICAL AND DIAGNOSTIC SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ANA LEON - PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

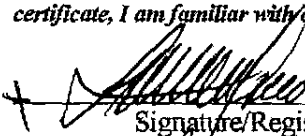
ANA LEON
451 NW 82ND AVENUE, #810
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANA LEON
451 NW 82ND AVENUE, #810
MIAMI, FL 33126

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

JUNE 2ND, 2005

Date



Signature/Incorporator

Date

FILED
05 JUN -6 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA