

P07000006025

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PICK-UP  WAIT  MAIL

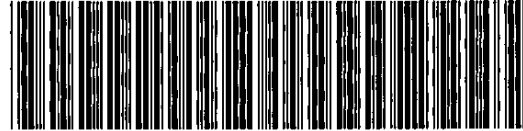
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/10/07--01022--005 \*\*78.75

RECEIVED FILED  
07 JAN 10 AM 11:33 07 JAN 10 PM 2:02  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Handwritten notes and signatures, including "1/15" and "1/15/07".



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2007

LAZARUS

SUBJECT: PREMIER MEDICAL SERVICES INC.  
Ref. Number: W07000001668

We have received your document for PREMIER MEDICAL SERVICES 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6955.

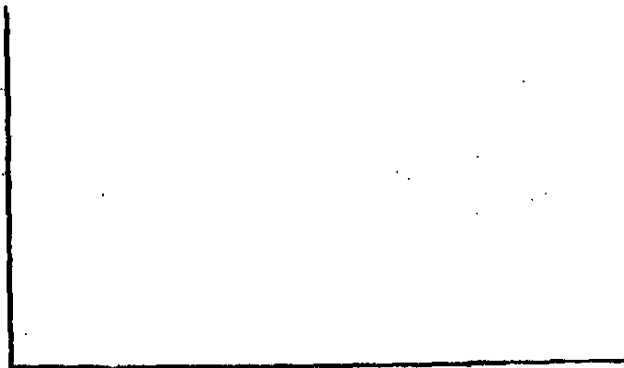
Suzanne Hawkes  
Document Specialist  
New Filing Section

Letter Number: 807A00002527

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**



Office Use Only

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

1. PREMIER MEDICAL SERVICES 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

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

Select Medical Services, Inc.

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07 JAN 10 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE II - PRINCIPAL OFFICE

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

13949 SW 8 Terr.  
Miami, FL 33184

### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Janessa Alvarenga  
13949 SW 8 Terr.  
Miami, FL 33184

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TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Vanessa Alvarenga  
13949 SW 8 Terr.  
Miami, FL 33184

The undersigned incorporator has executed these Articles of Incorporation this 9 day of January 2007

  
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Signature

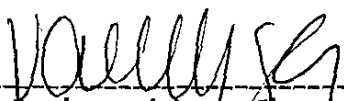
ARTICLE VI DIRECTOR(S)

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

Vanessa Alvarenga - President  
13949 SW 8 Terr. Secretary  
Miami, FL 33184

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
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Registered Agent Signature