

P12000063220

## Florida Department of State

Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ADVANCED MEDICAL CONSULTANTS GROUP, INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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12 JUL 18 AM 10:59  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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**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: **ADVANCED MEDICAL CONSULTANTS GROUP, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**5080 BISCAYNE BLVD SUITE #101**  
**MIAMI, FL 33137**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ANY AN ALL LAWFUL BUSINESS.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100 @ 1.00**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **P- NEIL GONZALEZ**  
Address: **5999 BISCAYNE BLVD**  
**MIAMI, FL 33146**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: **VP- KENNETH SCHUBB**  
Address: **3001 PONCE DE LEON BLVD**  
**SUITE #262**  
**CORAL GABLES, FL 33134**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: **S/T- RITA BAEZ**  
Address: **3001 PONCE DE LEON BLVD**  
**SUITE #262**  
**CORAL GABLES, FL 33134**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: **NEIL GONZALEZ**  
Address: **5080 BISCAYNE BLVD SUITE #101**  
**MIAMI, FL 33137**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **NEIL GONZALEZ**  
Address: **5080 BISCAYNE BLVD SUITE #101**  
**MIAMI, FL 33137**


Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I do hereby accept the appointment as registered agent and agree to act in this capacity

  
Required Signature/Registered Agent

7/18/2012

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 Secretary of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature/Incorporator

7/18/2012

Date

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