

P9200000 2736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

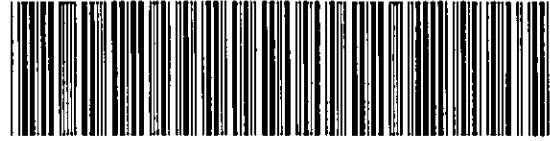
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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PESTCOE & ASSOCIATES, P.A.

ATTORNEYS AT LAW
PENTHOUSE 1-D, GABLES INTERNATIONAL PLAZA
2655 LE JEUNE ROAD
CORAL GABLES, FLORIDA 33134

BERNARD C. PESTCOE
SCOTT L. PESTCOE
J. EVERETT WILSON
NATALIE B. HERLAND
MARI R. STANBURN
OF COUNSEL

TELEPHONE
(305) 447-0256

TELECOMER
(305) 447-1190

P4000002736

VIA FEDERAL EXPRESS

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

500000019789
-11/04/92-01019-003
\$\$\$122.50 \$\$\$122.50

RE: Articles of Incorporation
of Clinical Medical Services, Inc.
Our File Nos. 189.008

Dear Sirs:

Enclosed is the original and one copy of the Articles of Incorporation for the above-named corporation. Also enclosed is our check in the sum of \$122.50 to cover the requisite filing fee. It is my desire to incorporate the above-referenced corporation as soon as possible, and I would appreciate any efforts on your part to expedite this process.

If you have any questions or require additional information, I may be contacted at area code 305/447-0256. Your prompt attention to this matter is appreciated.

Yours truly,

J. Everett Wilson
J. EVERETT WILSON

EJW/cb
Enclosure

11/6/92

(Fib)

RECEIVED
CORPORATION
TALLAHASSEE
FLORIDA
NOV 10 1992

ARTICLES OF INCORPORATION
OF
CLINICAL MEDICAL SERVICES, INC.

FILED
1962 NOV -3 11 12:18
SECRET
INFORMATION
INFLUENCE
SECRET

**ARTICLE I
NAME**

The name of the Corporation shall be **CLINICAL MEDICAL SERVICES, INC.**

**ARTICLE II
PURPOSES**

This Corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the laws of the State of Florida.

**ARTICLE III
STOCK**

This Corporation is authorized to issue 500 shares of Common Stock having a par value of \$1.00 per share.

**ARTICLE IV
INITIAL REGISTERED OFFICE AND AGENT AND MAILING ADDRESS**

The street address of the initial Registered Office of this Corporation and of its principal office is 2655 Le Jeune Road, Penthouse I-D, Coral Gables, Florida 33134, and the name of the initial Registered Agent of this Corporation at that address is **J. EVERETT WILSON**. The mailing address is the same.

**ARTICLE V
INITIAL BOARD OF DIRECTORS**

This Corporation shall have one (1) Director initially. The number of Directors may be increased or diminished from time to time by the ByLaws but shall never be less than one. The name and address of the initial Director of this Corporation is:

NAME

ADDRESS

J. Everett Wilson

c/o Pestcoe & Associates, P.A.
2655 Le Jeune Road, Penthouse I-D
Coral Gables, FL 33134

**ARTICLE VI
INCORPORATOR**

The name and address of the person signing these Articles is:

J. Everett Wilson

c/o Pestcoe & Associates, P.A.
2655 Le Jeune Road, Penthouse I-D
Coral Gables, FL 33134

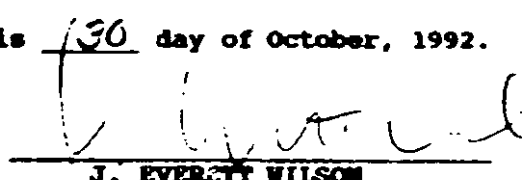
**ARTICLE VII
INDEMNIFICATION**

The Corporation shall indemnify any Officer or Director,
or any former Officer or Director, to the full extent permitted by
law.

**ARTICLE VIII
AMENDMENT**

These Articles of Incorporation may be amended in the manner
provided by law.

IN WITNESS WHEREOF, the undersigned Subscriber has executed
these Articles of Incorporation this 30 day of October, 1992.



J. EVERETT WILSON

STATE OF FLORIDA))
) SS:
COUNTY OF DADE))

I hereby certify that on this day, before me, a Notary Public,
duly authorized in the State and County named above to take
acknowledgements, personally appeared J. EVERETT WILSON, well known
to be the person described in and who executed the foregoing

Articles of Incorporation, and he acknowledged before me that he subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above, this 30 day of October, 1992.

FILED
1992 NOV -3 AM 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notary Public, State of Florida
My Commission Expires June 28, 1998
Contact the State of Florida

Christie Bogue

Notary Public, State of Florida at
Large

My commission expires:

ACKNOWLEDGMENT AND ACCEPTANCE OF REGISTERED AGENT

Having been named as Registered Agent for the above Corporation at the place designated in the Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provisions of the Florida Corporations Code pertaining to the duties and responsibilities of a Registered Agent.

J. Everett Wilson

J. EVERETT WILSON

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smail
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1993

93 OCT -5 AM 9:47

1 Name and Mailing Address of Corporation DOCUMENT # P92000002736

CLINICAL MEDICAL SERVICES, INC.
2855 LE JEUNE ROAD
PENTHOUSE I-D
CORAL GABLES FL 33134

2 If Address in Block 1 is incorrect in any way enter the correct address below

Address
City and State 33134

3 If Mailing Office Address is different from mailing address enter address below

Address
2855 LE JEUNE ROAD
City and State
CORAL GABLES FL 33134

4 Date Incorporated or Qualified To Do Business in Florida

11/03/1992

5 FEI Number

65-0396476

6 Number Applied For

FEI Number Not Applicable

CERTIFICATE OF STATUS DESIRED

7 Names and Street Addresses of Each Officer and Director (Florida nonprofit corporation must list at least 2 directors)

1	2	3	4	5
Titles	Name of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City	State

D	WILSON	EVERETT	2855 LE JEUNE ROAD PH	CORAL GABLES FL 33134
--------------	-------------------	--------------------	----------------------------------	----------------------------------

D	Denio Odoardo		2150 Coral Way, Suite 5 Miami, FL	33145
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-10/11/93--01005--001
*****375.66 *****375.66

8 Name and Address of Current Registered Agent

WILSON
2855 LE JEUNE ROAD
PENTHOUSE I-D
CORAL GABLES FL 33134

EVERETT

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

9/1/93

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

13. I certify that I am an officer or director of the corporation or trustee empowered to execute this application and that the information furnished herein is true and correct. This certificate is required for the reinstatement application for the corporation has been terminated. The corporation must also pay the reinstatement fee of \$100.00. If the corporation has been terminated, the corporation must also pay the reinstatement fee of \$100.00. If the corporation has been terminated, the corporation must also pay the reinstatement fee of \$100.00.

Signature of Officer or Director

[Handwritten Signature] 9/1/93

Desktop Print (3-5) 854-7502

Typed or printed name of signing officer or director

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
CORPORATION
ANNUAL REPORT
1994

APPROVED
AND
FILED

31 MAY - 1 PM 1994

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CLINICAL MEDICAL SERVICES, INC.

DOCUMENT #

P92000002736 (6)

2855 LE JELINE ROAD
PENTHOUSE 10
CORAL GABLES FL 33134

2855 LE JELINE ROAD
PENTHOUSE 10
CORAL GABLES FL 33134

11/03/1992

10/05/1993

65-0306476

[REDACTED]

\$5.00 May Be
Applied To Fee

8. Name and Address of Current Registered Agent

WILSON
EVERETT
2855 LE JELINE ROAD
PENTHOUSE 10
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 *Susana Colas*
82 *2150 Coral way*
83 *5th floor*
84 *Miami* FL # *28245*

1/6/94

Susana Colas

D/P...
ODARDO DENO
2150 CORAL WAY, STE 5
MIAMI FL 33145

VP/Sec
Raul Rodriguez
2240 W 78th
Miami FL 33146

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07/01/94 01/04/90
00000000 00000000

18

SIGNATURE:

[Handwritten Signature]

4/26/94 (203) 859-7502

* FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 *

APPROVED AND FILED

1993 SEP -7 10 30 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



1. Corporation Name **DOCUMENT #**
CLINICAL MEDICAL SERVICES, INC. P92000002736

Mailing Address
2655 LeJeune Road Penthouse I-D Coral Gables, Fla. 33134

2. Mailing Address
21 2170 West 73 Street

City & State
22 Hialeah, Florida

Zip
23 33016

3. Name and Address of Current Registered Agent
**Wilson Everett
2655 LeJeune Road
Penthouse I-D
Coral Gables, Fla. 33134**

4. Name and Address of New Registered Agent
**J. Everett Wilson
Suite 2000-World Trade Center
80 S.W. 8th Street
Miami, FL 33130**

5. Signature
9/2/94

6. Officers and Directors
**11 TITLE: ODOARDO, DENIO
12 NAME:
13 STREET ADDRESS: 2150 Coral Way Suite 5
14 CITY - ST - ZIP: Miami, Fla. 33145**

7. Officers and Directors
**15 TITLE: PRESIDENT/S/T
16 NAME: RAUL RODRIGUEZ
17 STREET ADDRESS: 2170 WEST 73rd STREET
18 CITY - ST - ZIP: Hialeah, Fla. 33016**

8. Signature
9/2/94

9. Signature
9/2/94

10. Signature
9/2/94

11. Signature
9/2/94

12. Signature
9/2/94

13. Signature
9/2/94

14. Signature
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15. Signature
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24. Signature
9/2/94

25. Signature
9/2/94

26. Signature
9/2/94

27. Signature
9/2/94

11-03-1992 10-05-93

21 2170 West 73 Street

22 Hialeah, Florida

23 33016

Wilson Everett
2655 LeJeune Road
Penthouse I-D
Coral Gables, Fla. 33134

J. Everett Wilson
Suite 2000-World Trade Center
80 S.W. 8th Street
Miami, FL 33130

9/2/94

ODOARDO, DENIO
2150 Coral Way Suite 5
Miami, Fla. 33145

PRESIDENT/S/T
RAUL RODRIGUEZ
2170 WEST 73rd STREET
Hialeah, Fla. 33016

9/2/94

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9/2/94

(305) 826-0244

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1. CORPORATION
ANNUAL REPORT
1995



2. STATEMENT OF THE
OFFICERS AND DIRECTORS
AND SHAREHOLDERS

APPROVED
AND
FILED

95 MAR -1 AM 11-12

DOCUMENT # P92000002736 (6)

CLINICAL MEDICAL SERVICES, INC.

STATE OF FLORIDA
TALLAHASSEE

1. Principal Office	2. Home Office	3. Date of Incorporation	4. Date of Filing
270 WEST 70 STREET MIAMI FL 33136	270 WEST 70 STREET MIAMI FL 33136	11/03/1992	05/01/1994
5. Principal Office	6. Home Office	7. State of Incorporation	8. State of Filing
270 WEST 70 STREET MIAMI FL 33136	270 WEST 70 STREET MIAMI FL 33136	FLORIDA	FLORIDA
9. Name of Registered Agent	10. Name and Address of New Registered Agent	11. Name of Secretary	12. Name of Treasurer
WILSON, J. EVERETT SUITE 2000-WORLD TRADE 88 S.W. 6TH STREET MIAMI FL 33136	J. Everett Wilson 2151 LeJeune Road Mezzanine Floor Coral Gables FL 33134		

13. Signature of Registered Agent: *J. Everett Wilson* J. Everett Wilson 4/28/95

14. Signature of Secretary: _____

15. Signature of Treasurer: _____

16. OFFICERS AND DIRECTORS	17. SHAREHOLDERS
NAME: PGT RODRIGUEZ, PAUL STREET ADDRESS: 270 WEST 70TH STREET CITY: MIAMI FL 33136	
NAME: _____	
NAME: _____	
NAME: _____	
NAME: _____	
NAME: _____	
NAME: _____	
NAME: _____	
NAME: _____	
NAME: _____	
NAME: _____	

18. I do hereby certify that the information supplied with this filing is true and correct and that the officers and directors named herein are qualified to hold their offices under the laws of the State of Florida.

SIGNATURE: *Paul Rodriguez* Paul Rodriguez, President 4/28/95 305-826-0244