

P98 000000 107

TRANSMITTAL LETTER

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

800002351528--1  
-11/19/97--01043--005  
\*\*\*122.50 \*\*\*122.50

SUBJECT: ADVANCED HEALTH MED. CENTER, INC  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$122.50.

FILED  
98 JAN -2 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FROM: RAMON TORO MARTINEZ

Name

901 S.W. 11 ST  
Address

MIAMI, FLORIDA 33130  
City, State, & Zip

( 305 ) 5642-0595  
Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

F. CHESSEY JAN 2 1998

W 97-26333



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

December 18, 1997

AMERICAN MEDICAL CENTER, INC.  
5783 SW 40 STREET  
MIAMI, FL 33155

2ND MAILING

(Sub 130) Called 12-19-97

SUBJECT: AMERICAN MEDICAL CENTER, INC.  
Ref. Number: W97000026333

FILED  
98 JAN -2 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for AMERICAN MEDICAL CENTER, INC. and your check(s) totaling \$122.50. 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. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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) 487-6904.

Freida Chesser  
Corporate Specialist

Letter Number: 897A00055935

# **ARTICLES OF INCORPORATION**

## **OF**

**ADVANCED HEALTH MED. CENTER, INC.**

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:

ADVANCED HEALTH MED. CENTER, INC.

### **ARTICLE II PRINCIPAL OFFICE**

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

ADVANCED HEALTH MED. CENTER, INC.  
5783 S.W. 40 ST #130  
MIAMI, FLORIDA 33155.

### **ARTICLE III CAPITAL STOCK**

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

100 SHARES NON PAR VALUE

FILED  
98 JAN -2 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The name and address of the initial registered agent is:

RAMON TORO MARTINEZ  
901 S.W. 11 ST  
MIAMI, FLORIDA 33130.

**ARTICLE V INCORPORATOR(S)**

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

RAMON TORO MARTINEZ  
901 S.W. 11 ST  
MIAMI, FLORIDA 33130.

The undersigned has(have) executed these Articles of Incorporation this

29 day of DECEMBER, 1997.

Ramon Toro Martinez  
**PRESIDENT**  
Signature/Title

Ramon Toro Martinez  
Signature/Title

Ramon Toro Martinez  
Signature/Title

**CERTIFICATE OF DESIGNATION  
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: ADVANCED HEALTH MED. CENTER, INC.

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

RAMON TORO MARTINEZ  
(NAME)

901 S.W. 11 ST

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33130.

(CITY/STATE/ZIP)

SIGNATURE Ramon Toro Martinez  
(corporate officer)

TITLE PRESIDENT

DATE DECEMBER 29, 1997.

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 Ramon Toro Martinez

DATE DECEMBER 29, 1997.

REGISTERED AGENT FILING FEE: \$35.00

FILED  
98 JAN 31 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA