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**798000033869**  
OFFICE USE ONLY (Document #)

**LAZARUS CORPORATE FILING SERVICE, INC.**

(Requestor's Name)

**3320 S.W. 87th AVENUE**

(Address)

**MIAMI, FLORIDA (305)552-5973**

(City, State, Zip)

(Phone #)

**LOCAL REPRESENTATIVE TALLAHASSEE**

**600002488136--**

**-04/14/98--01056--020**

**\*\*\*\*122.50 \*\*\*\*122.5**

OFFICE USE ONLY

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

1. **HOLCOMB MEDICAL SERVICES CORP**  
(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	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
98 APR 14 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
98 APR 14 AM 10:53  
DIVISION OF CORPORATION

Examiner's Initials

## **ARTICLES OF INCORPORATION**

The undersigned incorporation(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:

**Holcomb Medical Services CORP.**

### **ARTICLE II PRINCIPAL OFFICE**

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

**2912 W. Tampa Bay Blvd.  
Tampa, FL. 33607**

### **ARTICLES III SHARES**

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

**One Hundred (100)**

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

The name and address of the initial registered agent is:

**Marcus Quevedo  
3410 West Dewey Street  
Tampa, FL. 33607**

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**ARTICLE V INCORPORATOR(S)**

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


**Marcus Quevedo**  
**3410 West Dewey Street**  
**Tampa, FL. 33607**

**ARTICLE VI DIRECTOR(S)**

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

**Marcus Quevedo**  
**3410 West Dewey Street**  
**Tampa, FL. 33607**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 9th day of April , 1998.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Holcomb Medical Services CORP.
2. The name and address of the registered agent and office is:

Marcus Quevedo  
3410 West Dewey Street  
Tampa, FL. 33607

**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



Date

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