

P98000059661

Requestor's Name  
— Barbara P. Uiera  
1030 SW 73 CT  
— Miami FL 33144

Office Use Only  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
98 JUL -6 AM 8:48  
FILED

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 300002567773--0  
-07/07/98--01017--003  
\*\*\*\*\*3.75 \*\*\*\*\*3.75
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input 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

300002567773--0  
-06/22/98--01066--001  
\*\*\*\*\*75.00 \*\*\*\*\*75.00

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

W98-14467

Examiner's Initials *W* 7/7/98



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

June 24, 1998

BARBARA P. VIERA  
1030 SW 73 COURT  
MIAMI, FL 33144

SUBJECT: B.R. MEDICAL, INC.  
Ref. Number: W98000014467

We have received your document for B.R. MEDICAL, INC. and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

TO FILE WITH A CERTIFICATE OF STATUS THE FEE IS \$78.75 PLEASE SEND THE ADDITIONAL \$3.75 MADE PAYABLE TO THE DEPT. OF STATE ALONG WITH CORRECTED ARTICLES SO I CAN SEND YOU A CERTIFICATE.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan  
Document Specialist

Letter Number: 198A00034669

## 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:

B.R. MEDICAL, INC.

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TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

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

1030 S.W. 73RD COURT  
MIAMI, FL. 33144

### ARTICLE III SHARES

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

The maximum number of stock that this corporation is authorized to have outstanding at any time is 500 shares US\$5.00 each.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUAN C. VIERA  
1030 S.W. 73ct.  
Miami, Fl. 33144

ARTICLE V INCORPORATOR(S)

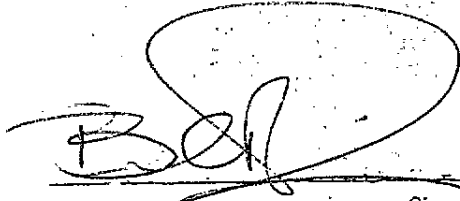
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

JUAN C. VIERA  
B.R. MEDICAL, INC.  
1030 S.W. 73RD COURT

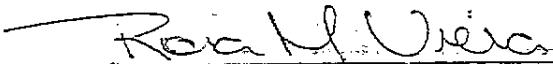
MIAMI, FL. 33144

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 23 day of October, 1996.

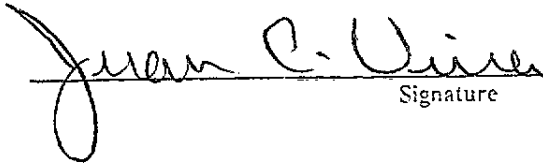
(An additional article must be added if an effective date is requested.)



Signature



Signature



Signature

NOTARIZATION IS NOT REQUIRED

NOTE : Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
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: B.R. MEDICAL, INC.

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

JUAN C. VIERA  
1030 S.W. 73rd Court  
Miami, Fl. 33144

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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.

Juan C. Viera  
Signature

6/19/98  
Date