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TERESA ROMAN (TALLAHASSEE REPRESENTAT	100075369818 -09/05/0201025027 office use only *****78.75 *****78.75
CORPORATION NAME(S) & DOCUMENT IS  1. FLASH MEDICAL S (Corporation Horner)	
2. (Corporation Name)  3. (Corporation Name)	(Document #)
4. (Corporation Name)  Walk in Pick up time 2.00  Mail out Will wait Photocop	(Document #)  Certified Copy
Profit Amendme NonProfit Resignation Limited Liability Change of	Registered Agent  n/Withdrawal  EP 45 974
Annual Report Foreign	/X'

## 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:

FLASH MEDICAL SERVICES, INC.



### ARTICLE II - PRINCIPAL OFFICE

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

AIRPORT PLAZA OFFICE PARK 7370 N.W. 36TH STREET SUITE 220-P MIAMI FL 33166.

# **ARTICLE III - SHARES**

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

100

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAVIER A MAYMI. 8145 NW 7 ST APT # 309. MIAMI FL 33126.

#### <u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of Incorporation is:

NAME: JAVIER A MAYMI.

ADDRESS: 8\*45\* 8145NW 7 ST APT # 309

MIAMI FL 33126.

The undersigned incorporator has executed these Articles of Incorporation this 4 day of SEPTEMBER 2002.

Signature,

#### **ARTICLE VI- DIRECTOR(S)**

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

Javiel A Marni Aieport Plazer Office Parx. 7370 N.W. 36th Street.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature