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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.  
Account Number : I20070000146  
Phone : (305) 406-3800  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
MEDICAL-CLINIC CA, INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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March 8, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ADVANCE CORPORATE SERVICE, INC.

SUBJECT: MEDICAL-CLINIC CA, INC  
REF: W12000013423

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H12000053041  
Letter Number: 612A00008813

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DIVISION OF CORPORATIONS  
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P.O BOX 6327 - Tallahassee, Florida 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

**1. MEDICAL-CLINIC CA, INC**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. VENEZUELA**

(State or country under the law of which it is incorporated)

**3.**

(FEI number, if applicable)

**4. SEPTEMBER 25, 2006**

(Date of incorporation)

**5.**

**PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6.**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 3029 NE 188TH ST SUITE 506 MIAMI FL 33180**

(Principal office address)

**3029 NE 188TH ST SUITE 506 MIAMI FL 33180**

(Current mailing address)

**8. ANY AND ALL LAWFUL BUSINESS**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **JUAN M BASALO**

Office Address: **3029 NE 188TH ST SUITE 506**

**MIAMI**

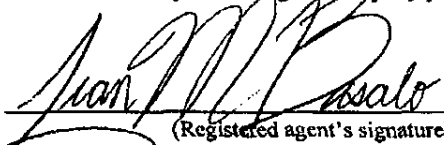
(City)

, Florida **33180**

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative 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's signature)

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS**President: JUAN M BASALOAddress: 3029 NE 188TH ST SUITE 506MIAMI FL 33180Vice President: FLORANGEL MARTINEZAddress: 3029 NE 188TH ST SUITE 506MIAMI FL 33180

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. JUAN M BASALO, PRESIDENT

(Typed or printed name and capacity of person signing application)

**SEAL**

**Dra. Marlene E. Prince N.**  
**Attorney**  
**I.P.S.A. No. 61.652**  
**AR-2006 No. 4244292**

Citizen

Registry of the Judicial Circumscription of the State of Aragua

His office

**I ATTORNEY: MARLENE EGLEE PRINCE NUNEZ.**, Venezuelan, of legal age, lawyer, unmarried, Identity Card No. 7,239,658 and for this address sufficiently authorized for this act, appears before You to record the Document Establishing the Business Entity "**MEDICAL-CLINIC, CA**", which is written broadly enough to serve as well, as the Bylaws of the same, for the purposes of registration, recording and subsequent publication, all in accordance with the dispositions of the Commerce Code. Petitioning the issuing of certified true copies thereof and the means to obtain them in accordance to all bylaws. Being justice, in the city of Maracay, on the day of its presentation.

**FECHA DE INGRESO: 25-09-2006**

**DERECHOS: 172032.00**

**OTORGAMIENTO: 28-09 HORA: 8:00 A.M. 3:30 P.M.**

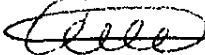
**PLANILLA: 0054508**

**RECIBIDO POR: NANY LAICE**

Dated: **25<sup>TH</sup> DAY OF JANUARY OF THE YEAR TWO THOUSAND AND TWELVE.**

Certificate of Translation

I certify that I am fluently bilingual and I am competent to translate from Spanish into the English language and that the information contained herewith is true and correct to the best of my knowledge.

  
Carolina Nunez

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DIVISION OF CORPORATIONS  
12 MAR -9 PM 1:25



*Dra. Marlono E. Prince N.*

*Abogada*

I.P.S.A N°61.652

AR-2006 No. 4244292

Ciudadano

Registrador Mercantil Segundo de la Circunscripción Judicial del Estado Aragua.

Su Despacho.-

Yo **MARLENE EGLEE PRINCE NÚÑEZ**, venezolana, mayor de edad, abogada, soltera, Cédula de Identidad N° 7.239.658 y de este domicilio suficientemente autorizada para éste acto, ante Usted ocurro para consignar el Documento Constitutivo de la Sociedad Mercantil "**MEDICAL-CLINIC, C.A.**", el cual se ha redactado con suficiente amplitud para que a la vez sirva de Estatutos Sociales de la misma, a los fines de su inscripción, registro y posterior publicación, todo esto de acuerdo con las disposiciones del Código de Comercio. Pido se sirva expedirme copia certificada del mismo y del auto que la provea a objeto de cumplir con los demás trámites de Ley. Es justicia, en la Ciudad de Maracay, a la fecha de su presentación.

*Marlene Prince*

FECHA DE INGRESO: 25-09-2006

DERECHOS: 172.032.00

OTORGAMIENTO: 20-09 HORA: 3:30 PM

PLANILLA: 005400

RECIBIDO POR: Nancy GARCIA

Incluido en el expediente  
ABOGADO REVISOR

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