### TRANSMITTAL LETTER

# N99000003142

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

SUBJECT: NTCL	NATIONA C C C (Proposed corpora	NTER FOR Are the name - must include suffi	JUMPLED MED	isches Inc.
Enclosed is an original and	l one(1) copy of the articl	es of incorporation and a	00000287 -05/17/19 *****87. a check for :	7810 50 44
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED <u>E</u> <sub>Q</sub>	99
FROM:	Name (Prin	EINGERG  ited or typed)  W 100TH  dress	AUE 324	FILED HMY 17 PM 2:31

NOTE: Please provide the original and one copy of the articles.

# **ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

#### ARTICLE I NAME

The name of the corporation shall be:

INTERNATIONAL CENTER FOR ADVANCED MEDICINE Inc.

J. J.

#### ARTICLE II PRINCIPAL OFFICE

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

20335 BISCAYNE BLVD. AVENTURA, FL , 33180

#### ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

TO PROVIDE ALL MODIALTIES OF MEDICIAL PROCEDURES

## ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

AS STATED IN BYLAWS

# ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LEO WEINBERG

320 N.W. 100th Ave. Plantation, Fl. 33324

#### ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

LEO WEINBERG

320 N.W. 100th Ave. Plantation, Fl. 33324

To littlember

05-14-99

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Signature/Incorporator

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

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/Registered Agent

05-14-99

Date

FILED
99 MAY 17 PM 2: 3
SECRETARY OF STATE
TAIL ARIASSEE, FLOR