# Florida Department of State Division of Corporations

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To:

Division of Corporations

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From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599~0839

Fax Number :

: (305)716-0346

RY OF STATE SSEE, FLORID,

### ET OPINA PROFIT CORPORATION OR P.A.

HOSPIMED INTERNATIONAL MIAMI, INC.

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# ARTICLES OF INCORPORATION OF

#### HOSPIMED INTERNATIONAL MIAMI INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: HOSPIMED INTERNATIONAL MIAMI INC. The principal place of business of this corporation shall be:

8600 SW 2<sup>NO</sup> ST MIAMIFL, 33144

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or bu liness permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is suthorized to have outstanding at any one time is: 500 shares per \$ 5.00.

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

PRESIDENT:

RONALD ZAMORA 8600 SW 2<sup>ND</sup> ST MIAMI FL, 33144

VICE PRESIDENT : MARISELA ZAMORA 8600 SW 2<sup>ND</sup> ST MIAMI FL, 33144

#### ARTICLE VI INCORPORATOR(S)

The name (s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

RONALD ZAMORA 8600 SW 2<sup>ND</sup> ST MIAMI FL, 33144

MARISELA ZAMORA 8600 SE 2<sup>ND</sup> ST MIAMI FL, 33144

IN WITNESS WEREOF, the undersigned incorporator(s) has (have) executed these Articles of incorporation this 21 TH MARCH OF 2000.

Signature(s) of Incorporator(s)

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## CERTIFICATE OF DESIGNATION REGISTERE AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.325 Florida Statue, the undersigned corporation, organized under the laws of the State of Florid 1, submits the following statement in designati the registered office/registered agent, in the State of Florida.

1. The name of the corporation: HOSPIMED INTERNATIONAL MIAMI INC.

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

RONALD ZAMORA 8600 SW 2<sup>ND</sup> ST MIAMI FL, 33144

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY A GREE TO ACT IN

CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF

ALL STATULES RELATIVE TO THE PROPER AND

COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND

OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

3-21-00 DATE