

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PO0000050523

Conceptual Medicine, Inc.

500003263255-1  
-05/23/00-01052-004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

- ✓ Art of Inc. File Cert.
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- \_\_\_ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- \_\_\_ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- ✓ Annual Report / Reinstatement
- \_\_\_ Cert. Copy
- \_\_\_ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Courier
- FILED  
00 MAY 23 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA
- RECEIVED  
00 MAY 23 AM 9:50  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA
- T SMITH MAY 23 2000

Signature

Requested by:

LM 5/23 9:27

Name Date Time

Walk-In Will Pick Up

**ARTICLES OF INCORPORATION**  
**OF**

CONCEPTUAL MEDICINE, INC.

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: Conceptual Medicine, Inc.

FILED  
00 MAY 23 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

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

1 S.W. 129th Avenue  
Suite 205 A  
Pembroke Pines, Florida 33027

**ARTICLE III CAPITAL STOCK**

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

Five Hundred (=500=) shares of common stock at \$1.00 par value each.

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Mary Lou Rodon Alvarez, Esq.  
2222 Ponce de Leon Blvd.  
Penthouse Suite  
Coral Gables, Florida 33134

ARTICLE V INCORPORATOR(S)

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

Juergen Eisermann  
1 S.W. 129th Ave.  
Suite 205 A  
Pembroke Pines, Florida 33027

The undersigned has(have) executed these Articles of Incorporation this

18 day of May, 19 2000.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION**  
**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: Conceptual Medicine, Inc.

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

Mary Lou Rodon Alvarez

(NAME)

2222 Ponce de Leon Blvd. Penthouse Suite

(P.O. BOX NOT ACCEPTABLE)

Coral Gables, Florida 33134

(CITY/STATE/ZIP)

SIGNATURE 

(Corporate Officer)

TITLE

DATE May 18, 2000

FILED  
DO MAY 23 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 

DATE May 18, 2000

REGISTERED AGENT FILING FEE: \$35.00