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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**ALLIED HEALTH PROFESSIONALS, INC.**

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

ALLIED HEALTH PROFESSIONALS, INC.

These Articles are in compliance with Chapter 607, F.S.

Article I

The name of this corporation shall be:

ALLIED HEALTH PROFESSIONALS, INC.

Article II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

Article III

The principal place of business and mailing address of this corporation shall be: 1880 NE 170 STREET  
NORTH MIAMI BEACH, FL 33160

Article IV

The general nature of business of this corporation is to transact any and all lawful business.

Article V

The number of shares which this corporation shall have authority to issue are 1,000 shares of common stock having an individual par value of \$1.00.-

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

Article VI

The name and street address of the initial Registered Agent of this corporation shall be: FERNANDO SILVA

16300 NE 19 AVE. SUITE 100  
NORTH MIAMI BEACH, FL 33162

PREPARED BY: RAY STORMONT, EMPIRE CORPORATE KIT COMPANY,  
1492 WEST FLAGLER STREET, #200, MIAMI, FL 33135, (305) 541-3694

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EMPIRE CORPORATE KIT

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Article VII

The initial board of Directors shall consist of a total of 1 person(s) and the name and address of the person(s) who are to serve as an initial director(s):

RONALDO VALENCIA  
PRES./DIR.

1880 NE 170 STREET  
NORTH MIAMI BEACH, FL 33160

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

EMPIRE CORPORATE KIT OF AMERICA, INC.  
1492 WEST FLAGLER STREET #200  
MIAMI, FL 33135

The undersigned has executed these Articles of Incorporation this 20th day of JUNE, 2000.

Ray Stormont

Incorporator  
Ray Stormont, President  
Signing for  
Empire Corporate Kit of America, Inc.

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of section 607/0502, 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.

First that ALLIED HEALTH PROFESSIONALS, INC.  
(Name of Corporation)

desiring to organize under the laws of the State of FLORIDA

with its principal office, as indicated in the articles of incorporation has named  
FERNANDO SILVA  
(Name of Registered Agent)

located at 16300 N.E 19 AVENUE SUITE 100

City of North Miami Beach County of DADE State of Florida

as its agent to accept service of process within this state.

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

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