Division of Corporations

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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 : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 AUG 10 AM 9: 16 CKETARY OF STATE TAHASSEE, FLORIDI

FLORIDA PROFIT CORPORATION OR P.A.

A1 MEDICAL GROUP INC.

Certificate of Status	0
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8/10/00 8:32 AM

ARTICLES OF INCORPORATION OF

Al MEDICAL GROUP 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.

<u>ARTICLE I NAME</u>

The name of the corporation shall be: A1 MEDICAL GROUP INC.

The principal place of business of this corporation shall be: 14241 sw 151 Avenue, Miami F1, 33196.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business 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 authorized to have outstanding at any one time is: 100 shares @ \$1.00 par value.

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):

Hamilton Batista 14241 SW 151 Ave Miami Fl, 33196.

(President)

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ARTICLE VI INCORPORATOR(S)

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

Hamilton Batista 14241 SW 151 AVE Miami Fl, 33196.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, - 9th day of August 2000

Signature(s) of Incorporator(s)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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	cor	poration:

Al MEDICAL GROUP INC.

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

Office is:

HAMILTON BATISTA

(P.O. BOX NOT ACCEPTABLE)

Miami F1, 33196.

(CITY/STATE/ZIP)

SIGNATURE

TITLE

Massidan

TITLE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE AND STATE OF JOST