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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

CORPORATIONS

Account Name : MEDGUARD SERVICES INC.

Account Number: 119990000019
Phone: (305)389-2049

Fax Number : (305)266-7979

ELORIDA PROFIT CORPORATION OR P.A.

Medguard Consulting & Educational Training Services

Certificate of Status	0
Certified Copy	0
Page Count	91 (2)
Estimated Charge	\$70.00

DIVISION OF CORPORATIONS

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PHONE NO. : 305 5483036

FROM: FLORIDA REHABILITATION CLINIC

26p. 14 2000 09:31AM P1

Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Plorida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Medguard Consulting & Educational Training Services Inc.

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business and mailing address of this corporation shall be: 1671 SW 67 Ave Miami, Florida 33155

SHARES ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The share which this corporation shall have the authority to issue is 100 shares of common stock no par value. Each share shall have equal rights with each other share with respect to dividens voting and liquidation.

INITIAL REGISTERED AGENT & STREET ADDRESS

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

Barbara M. Sanabria 1671 SW 67 ave Miami, Florida. 33155

ARTICLE V INCORPORATOR

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

Barbara M. Sanabria President

1671 SW 67 ave

Miami, Florida, 33155

Gilbert Sanabria Vice President

1671 SW 67 ave Miami, Fl. 33155

(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 certicate, I hereby accept the appoint ment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues 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

09/14/00

Medguard Services 1671 SW 67 Ave Miami, Fl. 33155

FROM: FLORIDA REHABILITATION CLINIC