

P00000099012

Florida Department of State
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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

FLORIDA PROFIT CORPORATION OR P.A.

EVELYN MEDICAL, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
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B. McKnight OCT 20 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 19, 2000

FAS-T

SUBJECT: EVELYN MEDICAL, CORP.
REF: W00000025296

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ARTICLES OF INCORPORATION.

OF

EVELYN MEDICAL, CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is **EVELYN MEDICAL, CORP.**

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One hundred shares (100) of five Dollar (s) (\$ 5.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the Initial Registered Agent at that office is:

NAME	EVELYN DAVILA		
ADDRESS	1780 W 49 ST SUITE 400-1		
CITY	HIALEAH	FLORIDA	ZIP 33012

The principal office, if known, or the mailing address of the corporation is:

NAME	EVELYN DAVILA		
ADDRESS	1790 W 49 ST SUITE 400-1		
CITY	HIALEAH	FLORIDA	ZIP 33012

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by-laws, but shall never be than one (1). The name and addresses of the initial director (s) of the corporation are as follows:

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NAME EVELYN DAVILA			
ADDRESS 606 W 81 ST APT 304			
CITY HIALEAH	STATE FLORIDA	ZIP 33014	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	


ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME EVELYN DAVILA			
ADDRESS 606 W 81 ST APT 304			
CITY HIALEAH	STATE FLORIDA	ZIP 33014	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this 17 th day of OCTOBER, 2000.

PREPARED: SOSA ACCOUNTING TAX SERVICE
 570 E 49 ST HIALEAH, FL 33013
 (305) 888-1716
 (305) 688-1714

 (Seal)
 _____ (Seal)
 _____ (Seal)

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF
EVELYN MEDICAL, CORP.**
(name of corporation)


Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, to organize under the laws of the State of Florida with its registered
office as indicated in the Articles of Incorporation.

AT: 1790 WEST 49 STREET SUITE 400-1
HIALEAH, FLORIDA 33012
has named **EVELYN DAVILA**

located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above state
corporation at the place designated in this certificate, and being familiar with the
obligations of that position, I hereby accept to act in this capacity, and agree to comply with
provisions of Florida Law in Keeping open said office.



(registered agent)

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