P0100000 6919

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: <u>Innovative Medical Resources, Inc.</u> (PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUFFIX)</u>

FILED

OI JAN 16 PM 3: 23

SECKENSES FLORIDA

Enclosed is an original and one(I) copy of the articles of incorporation and a check for:

\$ 70.00	
Filing	Fee

<u>√</u>\$78.75

Filing Fee & Certificate of Status

FROM:

Name (Printed or typed) Patricia Birch.

900003539029--4 -01/16/01--01149--006

Address 17335 S.W. 303 Street

City, State & Zip Homestead, Fl 33030

Daytime Telephone number 305-248-7610

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Innovative Medical Resources, Inc.

ARTICLE H PRINCIPAL OFFICE

The principal place of business/mailing address is:

815 N. Homestead Blvd., #115, Homestead, FI 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Management (out-pt medical)

ARTICLE IV

SHARES

The number of shares of stock is: 600 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI

REGISTERED AGENT

The name and Florida street address of the registered agent is:

Patricia Birch

17335 S.W. 303 Street

Homestead, Fl 33030

<u>INCORPORATOR</u>

The name and address of the Incorporator is:

Patricia Birch

17335 S.W. 303 Street

Homestead, FI 33030

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this

Signature/Registered Agent

Signature/Incorporator