## P0100005872/

Transmittal Letter

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 01 JUN -8 AMII: 14

SECRETARY OF STATE TALLAHASSEE FLORIDA

300004383873--6 -06/08/01--01076--023 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Subject	E-Medical S	Services Corp.	•	

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

\$78.75
Filing Fee
& Certified Copy

\$122.50 \$131.25

Filing Fee Filing Fee,
& Certified Copy & Certificate

(ADDT"L COPY WEQ'D) (ADDT"L COPY WEQ'D)

FROM:	Leonardo Gomez		
	3621 SW 4 <sup>th</sup> St. Miami Fl. 33135		

D. WHITE JUN 13 2001 2

## ARTICLES OF INCORPORATION OF \_ E-Medical Services Corp.

The undersigned incorporator for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following articles of incorporation.

ARTICLE I	NAME				
	oration shall be: E-Medical Services	Corp.	چسپ سال	·	
ARTICLE II	PRINCIPAL OFFICE	v.e.			
The principal place of	business and mailing address of this	corporation shall be:			·
5209 NW 74th	Ave #115	<del>-</del>			
Miami, FL 331		-	-		
ARTICLE III	SHARES		٠.		
The number of shares \$1.00 par value per si	s that this corporation is authorize	d to have outstanding at a	ny one tim	e is: 1,500 a	ıt
ARTICLE IV	INITIAL REGISTERED AC	GENT AND STREET A	ADDRESS	 <b>S</b>	
The name and Florida	a Street address of the initial regis	tered agent is:		· ·	
Maria Quintana				· <u>-</u>	
8561 NW 7 <sup>th</sup> Ct.				71. 01.	
Pembroke Pines F	1. 33024			JUN CRET	
ARTICLE V	INCORPORATOR		_	-8 ASSEI	i de la companya de l
The name and address	s of the incorporator to these Artic	les of Incorporation is:	, ,,,,,		
Leonardo Gomez				~~ <u>~</u>	
3621 SW 4 <sup>th</sup> St.				<u>&gt;</u> σ	
Miami Fl. 33135					
$f_{2}$	2 C	200	ı		
floraid	Janey _	_ 06-03-2	00/		
Leonardo Gom	ez, Incorporator	Da	ite		

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 appoinment as registered agent and agree to act in this capacity. Therefore, 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.

Maria Quintana, Registered Agent

3-200/

Date