

## TRANSMITTAL LETTER

# PO 2000002517

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

900004756799--6  
-01/07/02--01095--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: FAMILY MEDICAL PLAN ASSOCIATES, CORP.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

MERCEDES PEREZ

Name (Printed or typed)

8397 REDNOCK LANE

Address

MIAMI LAKES, FL. 33016

City, State & Zip

305-362-7262

Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN -7 AM 9:29

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

1-9-02  
MC

## 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:

FAMILY MEDICAL PLAN ASSOCIATES,CORP.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O.BOX 127277  
HIALEAH,FLORIDA.33012

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General medical health care management.

### ARTICLE IV SHARES

The numbers of shares of stock is:

50

### ARTICLE V INITIAL OFFICERS/DIRECTORS

Names	Address	Title
-------	---------	-------

Mercedes Perez, 8397 Rednock, lane. Miami Lakes,Florida.33016		
President,Vice-president, Secretary & Treasure.		

### ARTICLE VI REGISTERED AGENT

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

Mercedes Perez 8397 Rednock,lane Miami Lakes,Florida.33016

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN -7 AM 9:29

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Mercedes Perez 8397 Rednock Lane. Miami Lakes, Florida. 33016

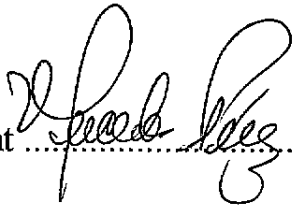
ARTICLE VIII SHARES %

Mercedes Perez 100%

\*\*\*\*\*

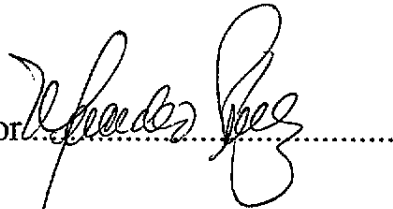
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/ Registered Agent  
Mercedes Perez



date 12/27/01

Signature/Incorporator  
Mercedes Perez



date 12/27/01