

902000022197

To: Beth Register

Ref. Number W02000003874

Please except the Articles of Incorporation, the New name and the Registered agent.

Per our Conversation, enclose is my mailing address.

939 N.W. 81st Street. Miami, FL 33150

Ph # is as follow 1-305-691-4677, Cell # 1-305-968-4236

Lot
D-403

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
-02 FEB 27 PM 2:05

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-02/05/02--01095--006
*****35.00 *****35.00

Thanking you in Advance

Zachary Beneby
Zachary Beneby

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-02/27/02--01011--023
*****52.50 *****52.50

F. GRESSER FEB 27

002120



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 8, 2002

RADAMES GARCIA
3420 NW 82 ST
MIAMI, FL 33147

SUBJECT: NATIONAL MEDICAL SERVICES, INC.
Ref. Number: W02000003874

We have received your document for NATIONAL MEDICAL SERVICES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit
Florida & Foreign Corp.

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of

**ARTICLES OF INCORPORATION
OF
NATIONAL HEALTHCARE MEDICAL SERVICES INC.**

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

NATIONAL HEALTHCARE MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

18459 PINES BLVD. SUITE 186
PEMBROKE PINES, FLORIDA 33029

ARTICLE III SHARES

The numbers of shares of stock that this corporation is authorized to have Outstanding at any one time is:

5,000.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ZACHARY BENEBY
18459 PINES BLVD. SUITE 186
PEMBROKE PINES, FLORIDA 33029

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ARTICLE V INCORPORATORS

The Name (s) and street address (es) of the incorporator (s) to these Articles of Incorporation is (are):

1. ZACHARY BENEBY
18459 PINES BLVD. SUITE 186
PEMBROKE PINES, FLORIDA 33029
2. CALEB BENEBY
18459 PINES BLVD. SUITE 186
PEMBROKE PINES, FLORIDA 33029

The undersigned incorporator (s) has (have) executed these Articles of Incorporation

This 15 day of January, 2002

Zachary Beneby
ZACHARY BENEBY

Caleb Beneby
CALEB BENEBY

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

The name of the corporation is: NATIONAL HEALTHCARE MEDICAL SERVICES, INC.

The name and address of the registered agent and office is:

ZACHARY BENEBY
18459 PINES BLVD. SUITE 186
PEMBROKE PINES, FLORIDA 33029

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 APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER 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.

Zachary Beneby
ZACHARY BENEBY

01 / 15 / 02
DATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 FEB 27 PM 2:05