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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 DUN 24 PM 3: 52
ECRETARY OF STATE
HANASSEF FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

YAN MEDICAL SERVICES INC.

Certificate of Status	0
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1 of 2

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ARTICLE OF INCORPORATION

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02 JUN 24 PN 3:53

YAN MEDICAL SERVICES INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: YAN MEDICAL SERVICES INC.

The principal place of business of this corporation shall be:
4235 W. 16 AVE. Suite 103
Hislan,F1.33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

ESPERANZA ROQUE 3539 SW. 14 ST. MIAMI.FL. 33145 DIRECTOR

ARTICLE VI INCORPORATOR (S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

ESPERANZA ROQUE

PRESIDENT, SECRETARY & TREASURER 100 shares

3639_SW. 14 ST.

MIAMI, FL. 33145

The undersigned has(have) executed these Article of Incorporation this $21 \, \text{th.}$ day of June $200 \, \frac{2}{2}$. tion this __ 21 th. day of June

ture/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

	name of the corporation is: AN MEDICAL SERVICES INC.	<u> </u>	
The			-
is	name and address of the registered agent and of ESPERANZA ROQUE	ITCE	
	(Name)	T S.	02
	3639 SW. 14 St.	CRET.	JUN
	(P. O. BOX NOT ACCEPTABLE)	ISS.	24
	Miami, F1.33145	H T	-
	(CITY/STATE/ZIP)	PATE	ن ان در

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE 06-21-02