# POJOOO 7464 GRIginal TRANSMITTAL LETTER

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

400006261984--2 -07/09/02--01005--002 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Millenium Medical HEALTH GROUP Inc
(Proposed corporate name - must include suffix)

Enclosed	is an o	original	and c	one(1)	copy	of 1	the articles of	incorp	oration	and a	check	for:

□ \$70.00 Filing Fee \$78.75 Filing Fee

& Certificate

□\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: _	VICTOR M. GARCIA		-		
	Name (Printed or typed)	⊼ S	02		
	29635 SW 166 COUNT Address	ECRET	2 JUL		
	Address	AR,	¯ <b>α</b>		
	HOMESTEAD, FZ 33030	Y OF STATE SEE, FLORIDA	AM 9:		
	City, State & Zip				
,	(305) 242-5220	N M	20		
	Daytime Telephone number	•			

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

W-18396



### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 25, 2002

VICTOR M GARCIA 29635 SW 166 CT HOMESTEAD, FL 33030

SUBJECT: MILLENIUM MEDICAL HEALTH GROUP, INC.

Ref. Number: W02000018396

We have received your document for MILLENIUM MEDICAL HEALTH GROUP, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file.

If you have any further questions concerning your document, please call (850) 245-6919.

Beth Register Corporate Specialist Supervisor New Filings Section

Letter Number: 202A00040669

#### ARTICLES OF INCORPORATION

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SECRETARY OF STATALL AHASSEE, FLOR

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:

MILLE NIUM MEDICAL HEALTH GROUP, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

1036 NW 1ª AVE HOMESTEAD FIL. 33030

#### ARTICLE III SHARES

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

100 @ \$ 1.9%

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VICTOR M. GARCIA 29635 SW 166 COURT HOMESTEAD, FL 33030

#### ARTICLE V INCORPORATOR(S)

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

VICTOR M. GARCIA
29635 SW 166 COURT
HOMESTEAD, FL 33030 President

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

day of JONE 3002

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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.

1.	The name	of the corporation is:_	Mill	le biun	Medica	th H	64	1T H
	-	,		OUP, IN			¥	
2.	The name		egistered agent and office is: $M$ , $GARCIA$			SECRETARY O TALLAHASSEE.	02 JUL '-8 AI	7 
		29635	(Nar Sce	•	COUT	FLORID	9: 20	D
		Homest		ot acceptable)	93030	—> `		-
			(City/Sta	ate/Zip)		_		•

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.

(Signature) 6(14(02