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Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

INTERMED PROVIDERS, INC.

Certificate of Status	0
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7/16/02

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(4)

**ARTICLES OF INCORPORATION
OF
INTERMED PROVIDERS, 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: InterMed Providers, Inc.

ARTICLE II - DURATION

This Corporation shall have perpetual existence commencing on the date of execution and acknowledgment of the Articles.

ARTICLE III-PURPOSE

This Corporation is organized for the purpose of engaging in any activity or transacting any business permitted under the laws of the State of Florida and the laws of the United States of America.

ARTICLE IV - PRINCIPAL OFFICE

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

18455 Miramar Parkway, Suite 165
Miramar, Florida 33029

ARTICLE V - SHARES

The maximum number of shares this Corporation is authorized to issue is 1000 Shares, all of which shall be Common Shares. All Common Shares shall be identical with each other in every respect and the holders of Common Shares shall be entitled to one vote for each share on all matters on which shareholders have the right to vote.

ARTICLES VI - INITIAL REGISTERED AGENT

The name and address of the initial Registered Agent is:

Julio A. Rodriguez, Esq., P.A.
15225 NW 77th Avenue, Suite 201
Miami Lakes, FL 33014
Telephone (305) 825-4778

Prepared By:
Julio A. Rodriguez, Esq.
(305) 825-4778; (FBN: 982709)

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ARTICLE VII - INITIAL BOARD OF DIRECTORS

The business of the corporation shall be managed by its Board of Directors. This Corporation shall have two Directors initially. The number of Directors may be either increased or decreased from time to time by the By-Laws, but shall never be less than one(1). The names and address of the initial Directors of the Corporation are:

Omar Rodriguez
18455 Miramar Parkway, Suite 165
Miramar, Florida 33029

Mayra Rodriguez
18455 Miramar Parkway, Suite 165
Miramar, Florida 33029

ARTICLE VIII - INCORPORATORS

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

Julio A. Rodriguez, Esq., P.A.
15225 NW 77th Ave., # 201
Miami Lakes, FL 33014

ARTICLE IX - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the Shareholder is subject to this reservation.

ARTICLE X - BY LAWS

The power to adopt, alter, amend or repeal the By-Laws shall be vested in the Board of Directors and the Shareholders.

ARTICLE XI- INDEMNIFICATION

The Corporation shall indemnify any Officer or Director or any former Officer or Director, to the full extent permitted by law.

The undersigned incorporator(s) has\have executed these Articles of Incorporation this 16th of July, 2002.


JULIO A. RODRIGUEZ

Prepared By:
Julio A. Rodriguez, Esq., P.A.
(305) 825-4778 (FBN 982709)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: INTERMED PROVIDERS, INC.

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

JULIO A. RODRIGUEZ, ESQ., P.A.
(NAME)

15225 NW 77th Avenue, Suite 201
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Miami Lakes, Florida 33014
(CITY/STATE/ZIP)

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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)

July 17, 2002
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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