# P02000817L

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SECRETARY OF STATE TALLAHASSEE FLORIDA

RESA	ROMAN (TALLAHASSEE	REPRESENTATIVE)		
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COR	RPORATION NAME(S) &	DOCUMENT NUMB	ER(S) (if known):	<del></del>
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	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION
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Examiner's Initials

### ARTICLES OF INCORPORATION

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

### ARTICLE I - NAME

The name of the corporation shall be:

All Family MEDICAL INC.

### ARTICLE II - PRINCIPAL OFFICE

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

300 SW 12 AUE SUITE# 3 Miami, Fl, 33130

# ARTICLE III -SHARES

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

500

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the Initial registered agent is:

José L. HVERRES 3005W 12 AVE SUITE#3 Miami, Fl 33130

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## ARTICLE V - INCORPORATOR

SECRETARY OF STATE

The name and street address of the incorporator to these Articles of ASSEE FLO Incorporation is:	iRID,
300 Sev 12 AVE SWITE#3	
Higmi, Fl 33130	
The undersigned incorporator has executed these Articles of	
Incorporation this 25th day of 2002	
Signature	
ARTICLE VI-\DIRECTOR(S)	
•	
The name(s) and street address(es) of the director(s) to these Articles of	
Incorporation is (are):	
JAVIER HUERRES - PRESIDENT JOSE L. HUERRES - UNE-PRESIDENT	
VOSE' L. HUERRES - UNE-PRESIDENT	
300 SW 12 AUE SUITE#3	
300 00 12 400 0011240	
Higmi, F1, 33130	

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and amiliar with and accept the obligations of my position as Registered Agent.

Registerea dent Signature