

P020000086572

Division of Corporations

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)206-0391

From:
Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000767
Phone : (305)266-4080
Fax Number : (305)261-6224

FLORIDA PROFIT CORPORATION OR P.A.

LISCA MEDICAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

8-12-02
[Signature]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I

NAME

The name of the corporation shall be: LISCA MEDICAL, INC.

ARTICLE II

PRINCIPAL OFFICE

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

2118 N.W. 1 TERR.
MIAMI, FL. 33125

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated #COMMON SHARES.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JORGE LISCA
2118 N.W. 1 TERR.
MIAMI, FL. 33125

Prepared By: JORGE LISCA
2118 N.W. 1 TERR.
MIAMI, FL. 33125
305 7268699

Elect. Sent By: BUSINESS WORLD TRANSACTIONS, INC.
7171 CORAL WAY SUITE 205 MIAMI, FL. 33155
PH # 305 266-4080

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**ARTICLE V
INCORPORATOR(S)**

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

JORGE LISCA
2118 N.W. 1 TERR.
MIAMI, FL. 33125

DIRECTOR & PRESIDENT

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

____ day of _____, 2002



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

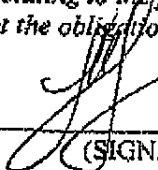
PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is: LISCA MEDICAL, INC.

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

JORGE LISCA
2118 N.W. 1 TERR.
MIAMI FL. 33125

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)

(DATE)

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