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Florida Department of State

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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

# FLORIDA PROFIT CORPORATION OR P.A.

PROVMED, INC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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# ARTICLES OF INCORPORATION OF PROVMED, INC.



ARTICLE I

NAME

The name of the Corporation is PROVMED, INC.

#### ARTICLE II

#### TERM OF CORPORATE EXISTENCE

The Corporation shall exist perpetually unless dissolved according to law and such existence shall commence at the time of the filing of these Articles of Incorporation with the Department of State.

#### ARTICLE III

#### PERMITTED ACTIVITY

The Corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

INSTRUMENT PREPARED BY:
FREEMAN, SUTTERMAN, HABER, ROJAS & STANHAM, L.L.P.
Stophen A. Freeman, Esq.
520 Brickell Key Drive, Suite 0-305
Miami, Florida 33131
(305) 374-3800
FBN - 196795

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#### ARTICLE IV

### AUTHORIZED SHARES

The aggregate number of shares which the Corporation shall have authority to issue shall be One Hundred (100) shares of voting common stock with \$0.01 par value share.

#### ARTICLE V

#### PREEMPTIVE RIGHTS DENIED

No holder of any shares of the Corporation shall have any preemptive right to purchase, subscribe for or otherwise acquire any shares of the Corporation of any class now or hereafter authorized, or any securities, exchangeable for or convertible into such shares, or any warrants or any instruments evidencing rights or options to subscribe for, purchase, or otherwise acquire such shares.

#### ARTICLE VI

#### REGISTERED OFFICE AND AGENT

The initial registered office of the Corporation and initial place of business is 520 Brickell Key Drive, O-305, Miami, Florida 33131. The initial Registered Agent is Stephen A. Freeman, at the same address.

#### ARTICLE VII

#### DIRECTORS

The business of the Corporation shall be managed by a Board of Directors consisting of not fewer than one person, the exact

number to be determined from time to time in accordance with the Bylaws.

The name and address of the first member of the Board of Directors who shall serve until the first annual meeting of shareholders or until his successor is elected and qualified shall be:

NAME

ADDRESS

Eliana Alves de Moura

520 Brickell Key Dr. Suite 0-305 Miami, Florida 33131

#### ARTICLE VIII

#### INCORPORATOR

The name and address of the incorporator is: Stephen A. Freeman, 520 Brickell Key Drive, Suite 0-305, Miami, Florida 33131.

## ARTICLE IX

#### INDEMNIFICATION

Every person now or hereafter serving as director, officer or employee of the Corporation shall be indemnified and held harmless by the Corporation from and against any and all loss, cost, liability and expense that may be imposed upon or incurred by him in connection with or resulting from any claim, action, suit or proceeding, in which he may become involved, as a party or otherwise, by reason of his being or having been a director, officer or employee of the Corporation, whether or not he continues to be such at the time such loss, cost, liability or

й. :

expense shall have been imposed or incurred, except with regard to matters as to which any such director, officer or employee shall be adjudged in any claim, action, suit or proceeding to be liable for his own gross negligence or willful misconduct in the performance of duty.

Expenses (including attorneys' fees) incurred in defending any claim action, suit or proceeding may be paid by the Corporation in advance of the final disposition of such a proceeding.

IN WITNESS WHEREOF, I have signed these Articles of Incorporation this 20th day of August, 2002.

Stephen A. Freeman

STATE OF FLORIDA )
SS
COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, personally appeared Stephen A. Freeman to me well known to be the person who executed the foregoing Articles of Incorporation and he acknowledged before me according to law, that he made and subscribed the same for the purpose therein mentioned and set forth.

WITNESS my hand and official seal in the County and State named above this 20th day of August, 2002.

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

OZAUGZI AM 9: 04

Pursuant to the provisions of Section 607.0501, Florida F. 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: PROVMED, INC.
- The name and address of the Registered agent and office is: Stephen A. Freeman, at \$20 Brickell Key Drive, O-305, Miami, Florida 33121.

Signature:

Stephen A. Freeman

Title:

Assistant Secretary

Date:

August 20, 2002

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 agreed 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:

Stephen A. Freeman

Date:

August 20, 2002

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