

PO2000092778

FILED  
02 AUG 27 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.  
(Requestor's Name)  
1000 PONCE DE LEON BLVD. STE: 101  
(Address)  
CORAL GABLES, FL 33134 305-444-4994  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- LIZABE MEDICAL SERVICES INC.  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in  Pick up time  Certified Copy  
 Mail out  Will wait  Photocopy  Certificate of Status

RECEIVED  
02 AUG 27 AM 10:23  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

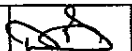
AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

300007366913--4  
-08/27/02--01025--009  
\*\*\*\*315.00 \*\*\*\*\*78.75

8-27-02

Examiner's Initials 

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
02 AUG 27 PM 12: 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

LIZABE MEDICAL SERVICES INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

P.O. BOX 4060  
MIAMI, FL 33152

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

SHARES: 100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

NADIESHDA LIZABE  
P.O. BOX 4060  
MIAMI, FL 33152

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

NADIESHDA LIZABE  
2419 43 ST SW  
NAPLES, FL 34116

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

NADIESHDA LIZABE  
P.O. BOX 4060  
MIAMI, FL 33152

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Nadieshda Lizabe  
Signature/Registered Agent

8-26-02  
Date

Nadieshda Lizabe  
Signature/Incorporator

8-26-02  
Date