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LAZARUS CORPORATE FILING SE	RVICE
3320 S.W. 87 AVENUE	
MIAMI, FLORIDA (305)552-5973	
TERESA ROMAN (TALLAHASSEE REPRESE	NTATIVE)
	OFFICE USE ONLY
CORPORATION NAME(s) & DOCUME	ENT NUMBER(S) (ffloorm):
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## ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 SEP 20 PM 12: 40

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: EMOGE Medical Services Inc.

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: 15760 SW 69 Lane
Miami F1 33193

#### ARTICLE III -SHARES

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

100

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Emilio Fernandez
15760 SW 69 Lane
Miami F1 33193



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## **ARTICLE V - INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

Emilio Fernandez 15760 SW 69 Lane Miami F1 33193

The undersigned incorporator has executed these Articles of Incorporation this 6 \_\_\_ day of \_September 2002

Signature

#### ARTICLE VI- DIRECTOR(S)

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

Emilio Fernandez-----President Jorge Bailon-----Secretary

15760 SW 69 Lane Miami F1 33193

# 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 I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature