2000/02/404

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LAZARUS CORPORATE FILING SERVICE	ALLAHASSEE, FLORIDA
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MIAMI, FLORIDA (305)552-5 <u>9</u> 73	
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	- 4
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1. DOCTORS MEDICAL	BER(S) (if known): OFFICE CORP (Document #)
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	Annual Report
	Fictitious Name
	Name Reservation

Other

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
_ 	Reinstatement
	Trademark
	Other

Merger

Examiner's Initials

ARTICLES OF INCORPORATION

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SECRETARY OF ST

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:

DOCTORS HEDICAL Office CORP.

ARTICLE II - PRINCIPAL OFFICE

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

29035 SW 152 AUC MIAMI FL. 33033

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 ShAveS

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

AMADOR DIAZ 224555W182 AVE MIAMIFC. 33170.

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TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and str	reet address of the incorporator to the	ese Articles of
Incorporation is:	AMAGOR DIAZ	- • • • •
	22455 SW 182 ADE.	
	MANIFLA-	

The undersigned incorporator has executed these Articles of Incorporation this 19 day of _____ 20_02

Signature

ARTICLE VI- DIRECTOR(S)

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

JOSE M. PENA president 165 SW 130 AVE Miann, FL 33184 Nildar Acosta, (V, P.) 22455 SW 182 AVE MISMI, F/33170

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