

PO2000110473

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 #)

700008311677--5

-10/10/02--01071--023

\*\*\*630.00 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. ALYCA MEDICAL SERVICES, INC.

(Corporation Name)

(Document #)

2. \_\_\_\_\_

(Corporation Name)

(Document #)

3. \_\_\_\_\_

(Corporation Name)

(Document #)

4. \_\_\_\_\_

(Corporation Name)

(Document #)

☐ Walk in ☒ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

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

FILED  
02 OCT 14 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W02-39373

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 10, 2002

EXPRESS CORP. FILING SERVICE

SUBJECT: A-BEST MEDICAL SERVICES, CORP.  
Ref. Number: W02000029373

We have received your document for A-BEST MEDICAL SERVICES, CORP. and your check(s) totaling \$630.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown  
Document Specialist  
New Filings Section

Letter Number: 302A00056751

RECEIVED  
02 OCT 14 AM 9:17  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
FOR

ALYCA MEDICAL SERVICES, INC.

FILED  
02 OCT 14 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation  
under the Florida Business Corporation Act, hereby adopts the  
following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALYCA MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

15321 NW 60<sup>TH</sup> AVE  
SUITE:106  
MIAMI LAKES, FL 33014

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to  
have shall be:

SHARES: 100

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent  
shall be:

CARMEN ACHTERHOF  
15321 NW 60<sup>th</sup> AVE.  
SUITE:106  
MIAMI LAKES, FL 33014

ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of  
Incorporation shall be:

CARMEN ACHTERHOF  
DALISLA R. SANCHEZ  
15321 NW 60<sup>TH</sup> AVE  
SUITE:106  
MIAMI LAKES, FL 33014

x   
Signature of Incorporator

10/09/02  
Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

CARMEN ACHTERHOF (P)  
DALISLA R. SANCHEZ (V/T)  
15321 NW 60<sup>TH</sup> AVE  
SUITE:106  
MIAMI LAKES, FL 33014

Having been named as registered agent and to accept service of  
process for the above stated corporation at the place designated in the  
articles, 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.

x   
Signature

10/09/02  
Date

FILED  
02 OCT 14 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA