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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Medical Technology Integrators, Inc.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$87.50

Filing Fee, Certified Copy & Certificate of Status

FROM: Joseph Porges & Oscar deZayas

5555 Anglers Avenue, Suite 20 Fort Lauderdale, FL 33312

Daytime Phone: (954) 962-3663

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Medical Technology Integrators, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5555 Anglers Avenue, Suite 20 Fort Lauderdale, FL 33312



The purpose for which the corporation is organized is:

To engage in the configuration, installation, integration or otherwise make available technological advancements in the medical field, and the doing of any other business and work incidental to or connected with such work.

The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from engaging in any lawful act or activity for which a corporation may be organized under the General Corporation Law of Florida.

ARTICLE IV SHARES

Antoinette Duran

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Joseph Porges 5555 Anglers Avenue, Suite 20

Fort Lauderdale, FL 33312

5555 Anglers Avenue, Suite 20

5555 Aligiers Avenue, Suite 20

Fort Lauderdale, FL 33312

President, Treasurer, Director

Vice President, Secretary, Director

ARTICLE VI REGISTERED AGENT

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

Joseph Porges 5555 Anglers Avenue, Suite 20, Fort Lauderdale, FL 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph Porges

5555 Anglers Avenue, Suite 20 Fort Lauderdale, FL 33312

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

Signature/Registered Agent

Signature/Incorporator

9/18/2002

Date

Date