

PO2000120146

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H02000224013 1))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : BERRIZ & GIRALDO P.A.
Account Number : F19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 NOV - 8 AM 7:29

FLORIDA PROFIT CORPORATION OR P.A.

EXCEL MEDICAL SERVICES, INC.

This corporation will start operating on January 15, 2001

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

F. 04120348X

NOV 1 2

H02 000 224 0131

ARTICLES OF INCORPORATION

OF

EXCEL MEDICAL SERVICES, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

EXCEL MEDICAL SERVICES, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

name:

EXCEL MEDICAL SERVICES, INC.

YOHIMA DEL CORRAL
4080 SW 84 AV
MIAMI, FL 33155
305-4859300

H02 000 224 0131

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 NOV - 8 AM 7:29

H02 000 2240131

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**NORMAN J. TORRES
20125 SW 106 AVE
MIAMI, FL. 33189**

The principal office shall be:

**20125 SW 106 AVE
MIAMI, FL. 33189**

H02 000 2240131

H02 0002240131
ARTICLE VI

The Initial Board of Directors shall consist of a total of ONE (1) persons,
and the name and address of the person who is to serve as an initial director is:

NORMAN J. TORRES
20125 SW 106 AVE
MIAMI, FL. 33189

PRESIDENT

The name and address of the incorporator executing these Articles of
Incorporation is

NORMAN J. TORRES
20125 SW 106 AVE
MIAMI, FL. 33189

IN WITNESS WHEREOF, the undersigned incorporator has (ye) executed these
Articles of Incorporation this 08 NOVEMBER, 2002.



NORMAN J. TORRES

ARTICLE VII

THIS CORPORATION WILL START OPERATING ON JANUARY 1ST, 2003.

H02 0002240131

H02 0002240131

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

EXCEL MEDICAL SERVICES, INC.

2. The Name and Address of the registered agent and office is

**NORMAN J. TORRES
20125 SW 106 AVE
MIAMI, FL. 33189**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 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.

SIGNATURE


Dated: NOVEMBER 8, 2002

H02 0002240131

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 NOV - 8 AM 7:29