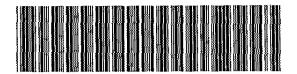
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# OFFICE USE ONLY(DOCUMENT #) LAZARUS CORPORATE FILING SERVICE

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TALLAHASSEE FLORIDA

3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Document #) Walk in Pick up time Certified Copy Certificate of Status Mail out Will wait Photocopy

	NEW FILINGS			
	K	Profit		
•	_	NonProfit		
		Limited Liability		
		Domestication		
		Other		

 AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS				
	Annual Report			
	Fictitious Name	,		
	Name Reservation			

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials	
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Secretary of State

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TELL FLANT OF STATE TALLAHASSEE FLORIDA

November 1, 2002

LAZARUS CORPORATE FILING SERVICE

SUBJECT: MEDICAL MANAGEMENT SERVICES, INC.

Ref. Number: W02000031433

We have received your document for MEDICAL MANAGEMENT SERVICES, INC. and your check(s) totaling \$78.75. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

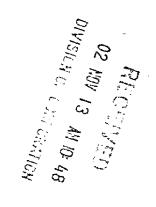
# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6995.

Wanda Cunningham Document Specialist New Filing Section

Letter Number: 002A00060057



#### ARTICLES OF INCORPORATION

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ARTICLE ONE: NAME

TALLAHASSEE FLORIDA

The name of this Corporation shall be:

VIVA MEDICAL MANAGEMENT SERVICES, INC.

ARTICLE TWO: NATURE OF BUSINESS

This corporation may engage in any activity or business permitted under the laws of the United States of America and the laws of the State of Florida.

#### ARTICLE THREE: TERM OF EXISTENCE

This Corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida. The date on which Corporate existence shall begin, will be the date of filing of these Articles with the Secretary of State.

## ARTICLE FOUR: CAPITAL STOCK

This Corporation is authorized to issue shares of stock as follows:

- 1.- <u>Designation</u>: The stock of this Corporation shall be known as common stock.
- 2.- <u>Authorized</u>: The maximum number of shares of Common Stock that this Corporation may issue is:1000 Share
- Consideration: Shares of Common Stock may be issued in exchange for cash, real property, labor or services rendered, or in any combination of the foregoing. The judgement of the Board of Directors shall be conclusive as to the value of any such consideration.
- 4.- Non-Assessability: Each share of Common Stock shall be issued in exchange for consideration which is at least equal to the par value thereof, and shall be fully paid and non-assessable.
- 5.- <u>Par-Value</u>: Each share of Common Stock shall have the par-value of: ONE DOLLAR (\$1.00)
- 6.- <u>Voting Rights:</u> Each share of Common Stock shall entitle the record holder thereof to one vote upon each proposal presented at meetings of the Stockholders of the Corporation.
- 7.- <u>Dividends</u>: Record holders of Common Stock are entitled to receive their pro-rata share of any dividends that may be declared by the Board of Directors out of assets legally available for such purposes.

8.- <u>Liquidation Rights</u>: Holders of Common Stock are entitled, in the event of liquidation or dissolution of this Corporation, to receive their pro-rata share of any assets of this Corporation remaining after payment of all corporate debts and obligations.

#### ARTICLE FIVE: DIRECTORS

This corporation shall have \_\_1\_ Director(s) initially. The number of Directors may be increased or diminished from time to time by the By-Laws, but shall never be less than one. The names and addresses of the initial Director(s) of this Corporation is/are:

CARMENZA MEZA 8300 WEST FLAGLER ST. Ste. 175 MIAMI, FLORIDA. 33144

## ARTICLE SIX: PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office for this Corporation will be the same as the mailing address. The address is:

8300 WEST FLAGLER ST. Ste. 175 MIAMI, FLORIDA. 33144

#### ARTICLE SEVEN: AMENDMENT

These Articles of Incorporation may be amended in any manner consistent with the laws of the State of Florida.

#### ARTICLE EIGHT: RESIDENT AGENT

The undersigned individual shall be Resident Agent for service of process in the state of Florida on behalf of the Corporation. The Resident Agent may resign at any time and the Corporation may change its Resident Agent at any time also.

RESIDENT AGENT: CARMENZA MEZA

ADDRESS: 8300 WEST FLAGLER ST. Ste. 175

MIAMI, FLORIDA. 33144

#### ACKNOWLEDGEMENT AND ACCEPTANCE OF REGISTERED AGENT

Having been named as Registered Agent of the above Corporation, at the place designated in the Articles of Incorporation. I hereby accept to act in this capacity agree to comply with the provisions of the Florida Corporations Code pertaining to the duties and responsibilities of a Registered Agent.

CARMENZA MEZA RESIDENT AGENT

ARTICLE NINE: INCORPORATION

The name(s) of the person(s) executing these Articles of Incorporation is/are:

CARMENZA MEZA

IN WITNESS WHEREOF, the undersigned Subscriber(s) has/ have executed these Articles of Incorporation this 21ST day of OCTOBER , 2002

> CARMENZA MEZA SUSCRIBER

STATE OF FLORIDA }
SS:
COUNTY OF DADE }

I HEREBY CERTIFT THAT on this day, before me, a Notary Public, duly authorized in the State and County named above to take acknowledgements, personally appeared the above named individual(s), well known to me to be the person(s) described in and who executed the foregoing Articles of Incorporation, and who acknowledged before me that the same were executed for the purpose expressed therein.

IN WITNESS WHEROF, I have hereunto affixed my hand and official seal at Miami, Dade County, State of Florida.

Date: OCTOBER 21ST, 2002

My Commission Expires:

Requel Montero

\* My Commission CC955025

Expires August 27 2004

Notary Public, State of Florida, At Large.