Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599~0839 Fax Number : (305)716~0346 2003 JAN 10 AH 8: 56

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FLORIDA PROFIT CORPORATION OR P.A.

GET WELL MEDICAL SERVICES, INC.

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Department of State 1/10/2003 8:44 PAGE 1/1 RightFAX



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2003 JAN 10 AM 8: 56

TALL AHASSEE FEORIDA

FLORIDA DEPARTMENT OF STATE Ken Deizner Secretary of State

January 10, 2003

FAS-T CORP. AGENTS, INC.

2N/L

SUBJECT: GET WELL MEDICAL SERIVCES, INC.

REF: W03000000832

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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

The document must contain both the street address of the principal office and the mailing address of the entity.

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Donna Graves Document Specialist New Filing Section FAX Aud. #: H03000013504 Letter Number: 203A00001361

ARTICLES OF INCORPORATION

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GET WELL MEDICAL SERVICES GROUP, 24NGJAN 10 AM 8:56

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act. Héféby: The Florida adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

The principal place of business of this corporation small be:

, 3309 N.W. 7 STREET MIAMI, FL 33125

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE UL CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time

50 SHARBS, NO PAR VALUE. ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

PRESIDENT: ALBERTO TRUJILLO. 3309 NW 7 ST Miami Florida 33125 TREASURER: ALBERTO TRUJILLO. 3309 NW 7 ST Miami Florida 33125 SECRETARY: ALBERTO TRUJILLO. 3309 NW 7 ST Miami , F1 33125 H03000013504 3

ARTICLE VI INCORPORATORIS

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ALBERTO TRUJILLO.

3309 NW 7 ST

Miami Florida 33125

IN WITNESS WHEREOF, the undersigned incorporator(s) nos(have) executed these Afficies of Incorporation this <u>JANUARY 9,2003</u> day of 9 xxxxx 2003

Signatura(s) of incorporator(s)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE 2003 JAN 10 AM 8: 56

Pursuant to the provisions of Section 607.325. Florida Statutes and 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 at the corporation:
GET WELL MEDICAL SERVICES GROUP, INC.
2. The name and address of the registered agent and ortice is:
ALBERTO TRUJILLO.
(P.O. BOX NOT ACCEPTABLE)
(CITY/STATE/(IP)
SIGNATURE
REGUSTERED AGENT.
DATE DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY. AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIONS OF THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

DATE - OLTO-03-