

# P03800016549

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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

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**FLORIDA PROFIT CORPORATION OR P.A.**  
**MEDICAL CARE & SOLUTIONS BIOMEDICAL INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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**ARTICLES OF INCORPORATION**  
**OF**  
**MEDICAL CARE & SOLUTIONS BIOMEDICAL INC.**

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

**ARTICLE I NAME**

The name of the corporation shall be:

**MEDICAL CARE & SOLUTIONS BIOMEDICAL INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business shall be:

5445 W 27<sup>TH</sup> LANE HIALEAH, FL. 33016

**ARTICLE III 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 IV CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1,000 at \$1.00

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and directors(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):

MARCOS GONZALEZ-PRESIDENT 5445 W 27 LANE HIALEAH, FL. 33016  
SILVIA GONZALEZ-Vice President 5445 W 27 LANE HIALEAH, FL. 33016

Prepared By: Lorex Accounting & Associates  
5951 NW 15th Suite 104  
Miami Lakes, Fl 33014  
Phone# (305) 828-4040

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**ARTICLE VII INCORPORATOR**

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

MARCOS GONZALEZ -PRESIDENT  
5445 W 27 LANE  
HIALEAH, FL. 33016

SILVIA GONZALEZ-VICE PRE  
5445 W 27 LANE  
HIALEAH,FL.33016

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

ARTICLE VI REGISTERED AGENTCERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered, in the State of Florida.

1. The name of the corporation:

MEDICAL CARE & SOLUTIONS BIOMEDICAL INC.

2. The name and address of the registered agent and office is:

MARCOS GONZALEZ

5445 W 27<sup>TH</sup> LANE

(P.O. Box not acceptable)

HALEAH, FL. 33016

(City/State/Zip)

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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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

  
Signature/Registered Agent

2/8/03  
Date