

P03000026146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

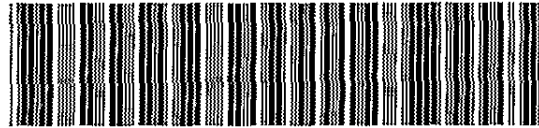
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/03/03--01029--006 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAR -5 PM 3:24

FILED

RECEIVED
MAR -3 AM 17
STATE OF FLORIDA
TALLAHASSEE

✓

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MEDICAL ACCESS INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

Please file:
- Corporation first
- Fictitious Name second.

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 3, 2003

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: MEDICAL ACCESS INC.
Ref. Number: W03000006075

We have received your document for MEDICAL ACCESS 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) 245-6067.

Neysa Culligan
Document Specialist
New Filing Section

Letter Number: 703A00013488

"File Corp. list and fictitious name Second"

RECEIVED
03 MAR - 5 AM 10:57
DIVISION OF CORPORATIONS

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 ACCESS NETWORK INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 562592
MIAMI, FL 33256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

TOMAS MORCATE
P.O. BOX 562592
MIAMI, FL 33256

ARTICLE VI REGISTERED AGENT

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

TOMAS MORCATE
7900 SW 122 ST
MIAMI, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TOMAS MORCATE
P.O. BOX 562592
MIAMI, FL 33256

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

Tomas Morcate
Signature/Registered Agent

2-28-03
Date

Tomas Morcate
Signature/Incorporator

2-28-03
Date

FILED
03 MAR -5 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA