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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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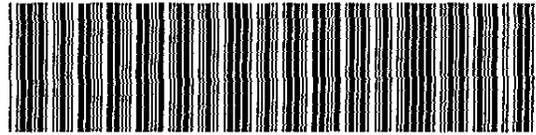
(Business Entity Name)

(Document Number)

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FOR  
03 JUL 28 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** MEDICAL TRAUMA, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00       \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

\$78.75       \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** MARIO G. SABORIO  
Name (Printed or typed)

850 IVES DAIRY ROAD - T18  
Address

NORTH MIAMI BEACH, FLORIDA 33179  
City, State & Zip

305 770-2221  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

03 JUL 28 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:  
MEDICAL TRAUMA, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
850 IVES DAIRY ROAD T-18  
  
NORTH MIAMI BEACH, FL 33179

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO PROVIDE TRAUMA REHABILITATION SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:  
ONE HUNDRED (100) SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
MARIO G. SABORIO 850 IVES DAIRY ROAD T-18, NORTH MIAMI BEACH, FL 33179 - PRESIDENT

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** of the registered agent is:  
MARIO G. SABORIO 850 IVES DAIRY ROAD T-18, NORTH MIAMI BEACH, FL 33179

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:  
MARIO G. SABORIO 850 IVES DAIRY ROAD T-18, NORTH MIAMI BEACH, FL 33179

\*\*\*\*\*  
*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*

Maborio  
Signature/Registered Agent

07/23/03  
Date

Maborio  
Signature/Incorporator

07/23/03  
Date