

PO3000085827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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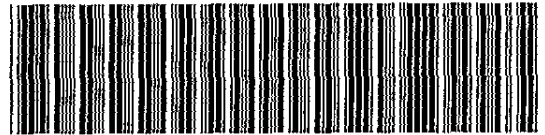
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2003 AUG -1 AM 10:52  
TALLAHASSEE FLORIDA

8/6/03

TRANSMITTAL LETTER **FILED**

2003 AUG -1 AM 10: 52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

SUBJECT: BEST CARE MEDICAL CENTER 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: YODANI CARRO PEREZ  
Name (Printed or typed)

2911 W. FRERSON AVE. APT 8  
Address

TAMPA FL 33614  
City, State & Zip

813-872-8884  
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)

### ARTICLE I NAME

The name of the corporation shall be:

**BEST CARE MEDICAL CENTER INC.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**P O BOX 45067  
TAMPA FL. 33677**

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**TO PROVIDE THERAPUTIC MASSAGE SERVICES AND REHABILATAION  
MASSAGE TREATMENT TO CLIENTS ON A WALK IN AND DOCTERS REFERRAL  
BASIS. THE FOREGOING PURPOSE'S AND ACTIVITIE'S WILL BE INTERPRETED  
AS EXAMPLES ONLY AND NOT AS LIMITATIONS AND NOTHING THEREIN  
SHALL BE DEEMED AS PROHIBITING THE CORPORATION FROM EXTENDING  
IT'S ACTIVITIE'S TO ANY RELATED OR OTHERWISE PERMISSABLE LAWFULL  
BUSINESS PURPOSES WHICH MAY BECOME NECESSARY, PROFITABLE OR  
DESIREABLE FOR THE FURTHERANCE OF THE CORPORATE OBJECTIVES  
EXPRESSED ABOVE.**

### ARTICLE IV SHARES

The number of shares of stock is:

**10**

### ARICLE VI REGISTERED AGENT

The name and floride street address of the Incorporator is:

**YODANI CARRO PEREZ  
2911 W FRIERSON AVE APT 8  
TAMPA FL. 33614**

### ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

**YODANI CARRO PEREZ  
2911 W FRIERSON AVE APT 8  
TAMPA FL. 33614**

Having been named as the registered agent to accept service of process for the above stated coporation at the place designated in the certificatel. I'am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
Signature/Registered Agent /Incorporator

**07/29/05**  
Date

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA