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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : EAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

FILED  
03 AUG 25 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.  
SILVERIO HEALTHCARE MANAGEMENT SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75



Handwritten signature/initials

ARTICLES OF INCORPORATION

OF  
SILVERIO HEALTHCARE MANAGEMENT SERVICES,

FILED  
03 AUG 25 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of 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:

SILVERIO HEALTHCARE MANAGEMENT SERVICES, INC. 10000

The principal place of business of this corporation shall be: 9425 FONTAINEBLEAU BLVD. SUITE 214 MIAMI, FL 33172

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 III 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: 1000 shares

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):

PABLO E. SILVERIO  
9425 FONTAINEBLEAU BLVD. SUITE 214  
MIAMI, FL 33172

ARTICLE VI INCORPORATOR(S)

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

PABLO E. SILVERIO  
9425 FONTAINEBLEAU BLVD. SUITE 214  
MIAMI, FL 33172

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 25 day of AUGUST 2003 2001

Signature(s) of Incorporator(s)



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATE 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 agent, in the State of Florida.

1. The name of the corporation:

SILVERIO HEALTHCARE MANAGEMENT SERVICES, INC.

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

PABLO E. SILVERIO 9425 FONTAINEBLEAU BLVD. SUITE 214  
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33172  
(CITY/STATE/ZIP)

FILED  
03 AUG 25 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SIGNATURE 

TITLE President

DATE August 25, 2003

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 

DATE August 25, 2003