

DIVISION OF CORPORATIONS

03000123399

Florida Department of State  
Division of Corporations  
Public Access System

EFFECTIVE DATE

1-1-04

FILED  
03 OCT 31 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000307745 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BERRIZ & GIRALDO P.A.  
Account Number : 119990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

FLORIDA PROFIT CORPORATION OR P.A.

MED SOLUTION CLINIC CENTER, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

11/3

1103 000 307 745 3  
ARTICLES OF INCORPORATION  
OF

FILED  
03 OCT 31 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
EFFECTIVE DATE  
1-1-04

**MED SOLUTION CLINIC CENTER, CORP.**

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

**ARTICLE I**

The name of this corporation shall be:

**MED SOLUTION CLINIC CENTER, CORP.**

**ARTICLE II**

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

**ARTICLE III**

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:  
To have perpetual succession by its corporate

name:

**MED SOLUTION CLINIC CENTER, CORP.**

YOHIMA DEL CORRAL  
4080 SW 84 AV  
MIAMI, FL 33155  
305-4859300

1103 000 307 745 3.

1103 000 3077453

**ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

**ARTICLE V**

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**MARCOS CASTELLON  
258 E 62 ST  
HIALEAH, FL. 33013**

The principal office shall be:

**258 E 62 ST  
HIALEAH, FL. 33013**

1103 000 3077453

11030003077453.  
ARTICLE VI

The initial Board of Directors shall consist of a total of **FOUR** (04) persons, and the name and address of the persons who are to serve as initial directors are:

**MARCOS CASTELLON**  
258 E 62 ST  
HIALEAH, FL. 33013

**PRESIDENT**

**HARROLD BOADA**  
258 E 62 ST  
HIALEAH, FL. 33013

**VICEPRESIDENT**

**MARIO COLLAZO**  
258 E 62 ST  
HIALEAH, FL. 33013

**SECRETARY**

**RENE DE LOS RIOS**  
258 E 62 ST  
HIALEAH, FL. 33013

**SECRETARY**

The name and address of the incorporator executing these Articles of Incorporation is

**MARCOS CASTELLON**  
258 E 62 ST  
HIALEAH, FL. 33013

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 30 day of OCTOBER 03.

  
**MARCOS CASTELLON**

ARTICLE VII

**THIS CORPORATION WILL START OPERATING ON JANUARY 1ST, 2004.**

11030003077453

1103 000 307 7453.

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, 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 is:


**MED SOLUTION CLINIC CENTER, CORP.**

2. The Name and Address of the registered agent and office is

**MARCOS CASTELLON  
258 E 62 ST  
HIALEAH, FL. 33013**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

  
Dated: OCTOBER 30, 2003.

1103 000 307 7453.

03 OCT 31 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA