# 1040000 9194

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only



200026456852

01/12/04--01027--022 \*\*78.75

DIA JAH 12 PH 12: 29

DIVISIDI DE LE PROPRIONS

DIVISIDI DE LE PROPRIONS



OFFICE USE ONLY(DOCUMENT #)	
LAZARUS CORPORATE FI	LING SERVICE
3320 S.W. 87 AVENUE	• • •
MIAMI, FLORIDA (305)552-5973	
	OFFICE USE ONLY
CORPORATION NAME(s) &	DOCUMENT NUMBER(S) (if known):
1. PMERICAN (Corporation Name)	ROHEALTH SERVICES, INC.
2. (Corporation Name)	(Document #)
3. (Corporation Name) 4.	(Document #)
(Corporation Name)	(Document #)
Walk in Rick up time	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FUNGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
<u> </u>	Reinstatement
	I Uradamark I

Other

Examiner's Initials

~P2F031(9/92)

FAX: 3052201440

PAGE 2

### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

TALLAHASSEE TLORIDA 04 JAN 12 AM 8: 28

ARTICLE I - NAME

The name of the corporation shall be:

AMERICAN PROHEAlth SERVICES, INC

## ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

16542 N.W. P3RN Place Missii LAKES, F/ 33016

# ARTICLE III-SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alien de Aronas 16542 N.W. 83Rd Place Minor; LARES, Fl 33016

### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

AliNA de ARMAS 16542 NW PBRN PlACE HIOMI LAKES, K/ 33016

The undersigned incorporator has executed these Articles of Incorporation this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_

Office de ama

### ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Aliva de Azeras (President) 16542 N.W. 83 Rd Place Mione; LAKES, F/ 33016

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature