P04000012463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. First Choice Medical, Inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

CR2E031(1/95)

Examiner's Initials	

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:

FIRST CHOICE MEDICAL, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7360 WEST 20 AVE- # 139-HIALEAH, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CARMEN SIGAS (P) 7360 WEST 20 AVE-HIALEAH, FL 33016

ZEOLIDA MILIAN (VP)-7360 west 20 AVE-HIALEAH, FL 33016

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

CARMEN SIGAS-7360 WEST 20 AVE-HIALEAH, FL 33016

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

ZEOLIDA MILIAN-7360 WEST 20 AVE- # 139-HIALEAH, FL 33016

****

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

Signature/Registered Agent — 1-8-04 Date

Signature/Incorporator — 1-8-04 Date