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(Requestor's Name)

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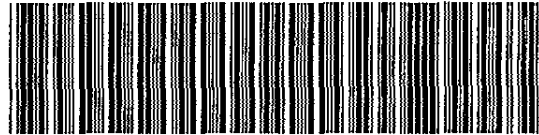
(Business Entity Name)

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RECEIVED  
04 FEB 10 PM 12:14  
DIVISION OF CORPORATION

FILED  
04 FEB 10 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

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

1. ROXY'S MEDICAL SERVICES, CORP  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)



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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**ROXY'S MEDICAL SERVICES , CORP**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 in accordance with the law of the State of Florida.*

**ARTICLE I**

*The name of this corporation shall be :*  
**ROXY'S MEDICAL SERVICES , CORP.**

**ARTICLE II**

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

**4461 PALM AVE SUITE C  
HIALEAH, FLORIDA 33012**

**ARTICLES III - SHARES**

*The number of shares of stock that this corporation is authorized to have Outstanding at nay one time is: One Hundred (100) of One Dollar(s) (1.00)*

**ARTICLE IV**

*The name and address of the initial agent is:*

**Arnaldo M. Mirabal  
4411 Pine Ridge Rd  
Naples, Fl 34119**

## **ARTICLE V - INCORPORATOR(S)**


*The name(s) and street address(es) of the incorporator(s) to these Article of Incorporation is (are):*

ARNALDO M. MIRABAL - PRESIDENT  
4411 PINE RIDGE RD  
NAPLES, FL 34119

ROXANA BLANCO - VICE PRESIDENT  
1080 SE 9<sup>TH</sup> AV  
HIALEAH, FL 33010

*The undersigned incorporator has executed these Articles of Incorporation this 9<sup>th</sup> day of February 2004*

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

## **ARTICLE VI - DIRECTOR(S)**

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

ARNALDO M. MIRABAL - PRESIDENT  
4411 PINE RIDGE RD  
NAPLES, FL 34119

ROXANA BLANCO - VICE PRESIDENT  
1080 SE 9<sup>th</sup> AVENUE  
HIALEAH, FLORIDA 33010

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

*Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.*

1. The name of the corporation is: **ROXY'S MEDICAL SERVICES CORP**

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

**ARNALDO M. MIRABAL  
4411 PINE RIDGE RD  
NAPLES, FL 34119**

*Having been named as Registered agent and to accept service of process for the above stated corporation at placed designated in this certificate, I hereby accept the appointment as Registered agent and agree to act in this capacity. I futher 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registered Agent Signature

\_\_\_\_\_  
Date

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