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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 24, 2004

**LAZARUS** 

SUBJECT: NEW LIFE MEDICAL SERVICES, INC.

Ref. Number: W04000007717

We have received your document for NEW LIFE MEDICAL SERVICES, INC.. However, the document has not been filed and is being returned for the following:

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The Desire Committee of the Committee of

### ARTICLES OF INCORPORATION

FILED

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) FEB 25 A 10: 49 the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE I - NAME

The name of the corporation shall be:

Dew tife Medical Services Conf. Of U.S.A.

#### ARTICLE II - PRINCIPAL OFFICE

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

4/43 SW 74 COURT # C aframi F/ 33/5T

#### **ARTICLE III - SHARES**

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

1000 Shaces Of \$ 1.00

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Armando URGA JR 4143 SW 74 CT #-C Mani F/ 33155

# FILED

#### ARTICLE V - INCORPORATOR

2004 FEB 25 A 10: 49

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

Armando UEGA TRANSSEE, FLORIDA

4143 SW 740T #

Whami F 33155

The undersigned incorporator has executed these Articles of Incorporation this 19 day of 16040164 2004

Signature

#### ARTICLE VI- DIRECTOR(S)

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

Annando Veba . JR - president. 4143 SW 74 CT · sente #C

## 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