

P04000039039



Adrian Correa  
8470 SW 85th St.  
Miami, FL 33143-6926

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

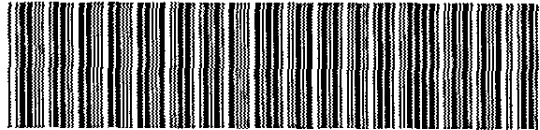
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

D. WHITE MAR - 3 2004

Office Use Only



700028541917

02/16/04--01046--003 \*\*78.75

FILED  
04 MAR -3 AM 10:18  
SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 18, 2004

ADRIAN CORREA  
8470 SW 85 ST  
MIAMI, FL 33143-6926

SUBJECT: BEYOND PULMONARY FUNCTION  
Ref. Number: W04000007002

We have received your document for BEYOND PULMONARY FUNCTION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Document Specialist  
New Filings Section

Letter Number: 704A00011198

RECEIVED  
04 MAR -3 AM 10:10  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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:

Beyond Pulmonary Function, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8470 S.W. 85TH STREET  
MIAMI FL. 33143

**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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

ADRIAN F. CORREA - President  
8470 S.W. 85TH STREET  
MIAMI FL. 33143

**ARTICLE VI REGISTERED AGENT**

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

ADRIAN F. CORREA  
8470 S.W. 85TH STREET MIAMI FL. 33143

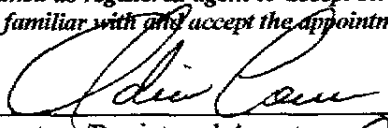
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ADRIAN F. CORREA  
8470 S.W. 85TH STREET  
MIAMI FL. 33143

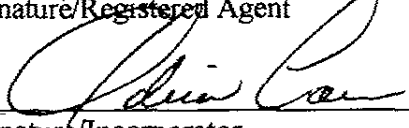
\*\*\*\*\*

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

2-10-04

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2-10-04

\_\_\_\_\_  
Date

FILED

04 MAR -3 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA