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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

MEDISUPPORT B, P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION

of

MEDISUPPORT B, P.A.
(Name of Corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I- CORPORATE NAME

The name of the corporation is:

MEDISUPPORT B, P.A.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of operating and supporting medical practice.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five hundred shares (500) of one dollar (\$) (1.00) par value Common Stock, which shall be designated "Common Shares."

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ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Agent office and the name of the Initial Registered Agent at that office are:

NAME YORLENI FUSTER
ADDRESS 224 POE DRIVE
CITY PALM SPRINGS, FL. 33461

The principal office, if known or the mailing address of the corporation is:

NAME MEDISUPPORT B, P.A.
ADDRESS 224 POE DRIVE
CITY PALM SPRINGS, FL. 33461

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follow:

NAME YORLENI FUSTER
ADDRESS 224 POE DRIVE
CITY PALM SPRINGS, FL. 33461

NAME _____
ADDRESS _____
CITY _____

NAME _____
ADDRESS _____
CITY _____

NAME _____
ADDRESS _____
CITY _____

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME YORLENI FUSTER
ADDRESS 224 POE DRIVE
CITY PALM SPRINGS, FL. 33461

NAME _____
ADDRESS _____
CITY _____

NAME _____
ADDRESS _____
CITY _____

NAME _____
ADDRESS _____
CITY _____

IN WITNESS WHEREOF, the undersigned and subscriber(s) have executed these Articles of Incorporation this 25TH DAY OF February, 2003.

Yorleni Fuster (Seal)

_____ (Seal)

_____ (Seal)

_____ (Seal)

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

MEDISUPPORT B, P.A.
(Name Corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

At: MEDISUPPORT B, P.A.
224 POE DRIVE
PALM SPRINGS, FL 33461

Has named YORLENI FUSTER

Located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Yorleni Fuster
(REGISTERED AGENT)

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