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LAZARUS CORPORATE FILING SERVICE	
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	NEW FILINGS	AMENDMENTS	
	Rtofit	Amendment	
	NonProfit	Resignation of R.A., Officer/Director	
ĺ	. Limited Liability	Change of Registered Agent	
	Domestication	Dissolution/Withdrawal	
	Other	Merger	
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1	OTHER FILNCS	REGISTRATION/	
	Annual Report	QUALIFICATION	
	Fictitious Name	Foreign	
	Name Reservation	Limited Partnership	
		Reinstatement	

Trademark

Other

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Examiner's Initials

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ARTICLES OF INCORPORATION

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

 ARTICLE I - NAME

 The name of the corporation shall be:

 Medihealth
 Medical

ARTICLE II - PRINCIPAL OFFICE

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

13270 SW 131 ST #130 miami 71 33186

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rosalba Angel 13270 sw 131 ST # 130 miani F1 33186

ARTICLE V - INCORPORATOR

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

Rosalba Angel 13270 SW 131 ST # 130 migmi F[33186 The undersigned incorporator has executed these Articles of Incorporation this 21 day of April 2004 Rosalber Ange

ARTICLE VI- DIRECTOR(S)

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

Rosalba Angel . President 13270 SW 131 ST # 130 miani 7133186 CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFF 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