

PO4000110359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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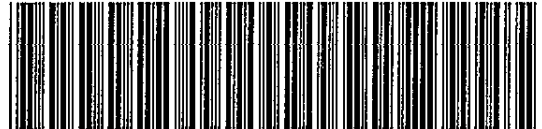
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

04 JUL 26 PM 2:04

FILED

TH 7/27/04

**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: MEDICAL MEDIATORS INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: MEDICAL MEDIATORS, INC.  
Name (Printed or typed)

960 4th Street  
Address

MIAMI Beach FL 33140  
City, State & Zip

305-786 208-4357  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**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:

MEDICAL MEDIATORS, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

960 41st Street Miami Beach FL 33140

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct any and all business activities that are lawful under the laws of the U.S. and the State of

**ARTICLE IV SHARES FLORIDA**

The number of shares of stock is:

500 shares \$1 par value each

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

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

Miguel Ruiz - 960 41st St. Miami Bch, FL 33140 - PRES.

Barbara B. Cooper 960 41st St. Miami Bch FL 33140  
Sec - Treas.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Charles Neustein 960 41st Street Miami Bch FL 331

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Miguel Ruiz 960 41st St. Miami Bch FL 33140

\*\*\*\*\*  
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

Date

Signature/Incorporator

Date