

P04000137295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

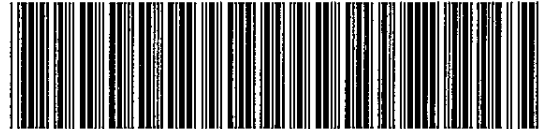
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Office Use Only



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04 OCT -4 PM 1:42

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10-04-04

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. REMEDIOS DIAGNOSTIC CENTER, CORP  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

# 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:

REMEDIOS DIAGNOSTIC CENTER, CORP

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11300 NW 87 COURT STE 167., HIALEAH GARDEN, FL 33018

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL , DIAGNOSTIC AND REHABILITATION CENTER

## ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES TO \$1.00 EACH

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LUIS M ROQUETA AS PRESIDENT  
14606 SW 12 LANE  
MIAMI FL 33184

## ARTICLE VI REGISTERED AGENT

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

LUIS M ROQUETA  
14606 SW 12 LANE  
MIAMI FL 33184

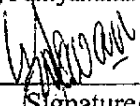
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

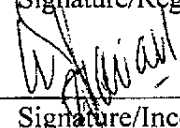
LUIS M ROQUETA  
14606 SW 12 LANE  
MIAMI FL 33184

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*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

10.01.04  
Date

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

10.01.04  
Date

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TALLAHASSEE, FLORIDA