

PO4000140340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

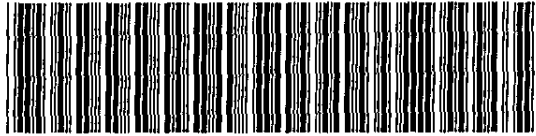
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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10/11/04--01006--013 \*\*315.00

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA  
OCT 11 11 10:31 AM  
PH 12:45

10/11/04

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 #

2004 OCT 11 PM 12:45

STATE  
TALLAHASSEE FLORIDA

OFFICE USE ONLY

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

1. A & J Health Center, Inc.  
(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:

A & J HEALTH CENTER, INC.

2004 OCT 11 PM 12:45  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

7941 NW 197 STREET  
MIAMI FL 33015

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THERAPY, DIAGNOSTIC AND MEDICAL 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):

PILAR A RIVERO AS PRESIDENT WITH ADDRESS AT: 7941 NW 197 STREET., MIAMI, FL 33015 AND JACQUELINE FIFFE AS VICE PRESIDENT WITH ADDRESS AT: 1331 SW 135 CT., MIAMI FL 33184

**ARTICLE VI REGISTERED AGENT**

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

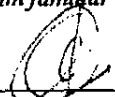
PILAR A RIVERO  
7941 NW 197 STREET  
MIAMI FL 33015

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

JACKELINE FIFFE  
1331 SW 135 CT  
MIAMI FL 33184

\*\*\*\*\*  
*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

10/07/2004  
\_\_\_\_\_  
Date

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

10/07/2004  
\_\_\_\_\_  
Date