

P04000156140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

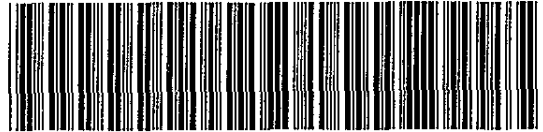
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
11/16/04

TRANSMITTAL LETTER

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

SUBJECT: HUMAN CARE MEDICAL GROUP, 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: LUIS E. MEDINA

Name (Printed or typed)

3845 SW 103 AVE APTO C-106

Address

MIAMI, FLORIDA 33165

City, State & Zip

(786) 298-7567

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:

HUMAN CARE MEDICAL GROUP, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3845 SW 103 AVE, APTO C-106
MIAMI, FLORIDA 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSANDS (1000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LUIS E. MEDINA
3845 SW 103 AVE, APTO C-106
MIAMI, FLORIDA 33165

ARTICLE VI REGISTERED AGENT

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

LUIS E. MEDINA
3845 SW 103 AVE, APTO C-106
MIAMI, FLORIDA 33165

ARTICLE VII INCORPORATOR

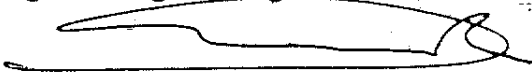
The name and address of the Incorporator is:

LUIS E. MEDINA
3845 SW 103 AVE, APTO C-106
MIAMI, FLORIDA 33165

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



Signature/Incorporator

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2004 NOV 12 P 3 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA