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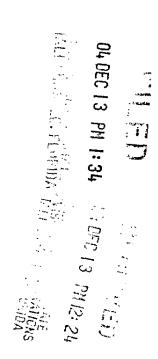
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| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer; | | |
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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming $a = \frac{1}{2} \frac{1}$

ARTICLE I - NAME

The name of the corporation shall be:

West Coast MEDICAL Plan, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

2740 Bayshore Drive #17 Naples, FL 34112

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:

andres Echevarria 902 East 34 street Haleah, F2 33013

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<u>ARTICLE V - INCORPORATOR</u>

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

andres Echevarria Catalina Carreras

2740 Bayshore Drive #17 Naples FC 34112

The undersigned incorporator has executed these Articles of Incorporation this 10 day of December 20 04

ARTICLE VI- DIRECTOR(S)

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

andres Echevarria - President 902 E 34 street

Haleah R 33013

Catalina Carreras - V-President 940 21 St. SW

Naples, R 34117

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

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