

P04000171798

(Requestor's Name)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

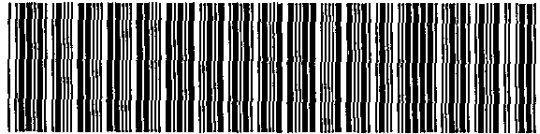
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OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

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

1. ASSOCIATED MEDICAL SERVICES, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

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☐ 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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 21, 2004

LAZARUS

SUBJECT: ASSOCIATED MEDICAL SERVICES, INC.
Ref. Number: W04000046568

We have received your document for ASSOCIATED MEDICAL SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date may be added to the Articles of Incorporation if a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filings Section

Letter Number: 104A00070893

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TALLAHASSEE, FLORIDA

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04 DEC 23 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF**

-ASSOCIATED MEDICAL TECH SERVICES INC.

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) Competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I
CORPORATION NAME

The corporation's name shall be: ASSOCIATED MEDICAL TECH SERVICES INC.

ARTICLE II
DURATION

The corporation shall exist perpetually unless dissolved according to Florida Laws.

ARTICLE III
PURPOSE

The corporation is organized for the purpose of engaging in any activity of business Permitted under the laws of the United States and the State of Florida.

ARTICLE IV
CAPITAL STOCK

The corporation is authorized to issue One hundred (100) shares of Five dollars (\$ 5.00) par value Common Stock, which shall be designated as "Common Shares".

ARTICLE V
PLACE OF BUSINESS

The principal place of business of said corporation shall be:

2224 SW 122 Avenue

Miami, FL 33175

ARTICLE VI
NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII
BOARD OF DIRECTORS

The name and addresses of the first Board of Directors of this Corporation who shall hold office initially, are as follows:

NAME Carlos M. Gonzalez
ADDRESS 2224 SW 122 Ave
CITY Miami STATE FL Z C 33175

NAME Olivia Sosa
ADDRESS 2224 SW 122 Ave
CITY Miami STATE FL Z C 33175


ARTICLE VIII
INCORPORATORS

The name and addresses of the incorporators signing these Articles of Incorporation, are as follows:

NAME Carlos M. Gonzalez TITLE President
ADDRESS 2224 SW 122 Ave
CITY Miami STATE FL Z C 33175

NAME Olivia Sosa TITLE Secretary
ADDRESS 2224 SW 122 Ave
CITY Miami STATE FL Z C 33175

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation, this 17 day of December of 2004



(Seal)



(Seal)

STATE OF FLORIDA)
)
COUNTY OF DADE) SS

Before me, a Notary Public authorized to take acknowledgement in the State and County set for above, personally appeared:

Carlos M. Gonzalez and Olivia Sosa

Known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that they executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and county aforesaid, this 17 day of December of 2004.



Notary Public
State of Florida at Large



Lourdes Ballina
My Commission DD49877
Expires August 13, 2005

CERTIFICATE OF REGISTERED AGENT

OF

ASSOCIATED MEDICAL TECH SERVICES INC.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

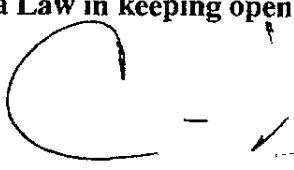
FIRST: That ASSOCIATED MEDICAL TECH SERVICES^{INC.} desiring to organize under the laws of the State of Florida with its principal office as indicated in the articles of incorporation at the City of Miami, County of Miami-Dade State of Florida, has named:

Mr/Ms Carlos M. Gonzalez
Located at 2224 SW 122 Ave.
City of Miami County of Miami-Dade
State of Florida

At its Agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


Registered Agent

FILED
04 DEC 23 PM 3:21
CLERK OF STATE
TALLAHASSEE, FLORIDA