

# P05000003189

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

ALLAHSEE FLORIDA

2005 JAN -6 AM 8:44

**FLORIDA PROFIT CORPORATION OR P.A.**

**ROMERO'S MEDICAL GROUP INC.**

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Estimated Charge	\$78.75

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1/7/05

2005 JAN -6 AM 8:44

ARTICLE OF INCORPORATION

OF

ROMERO'S MEDICAL GROUP INC.

STATE  
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: ROMERO'S MEDICAL GROUP INC.

The principal place of business of this corporation shall be:

4355 W. 16 AVE. SUITE 212  
HIALEAH, FLORIDA 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$ 10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ARNALDO ROMERO	DIRECTOR
17362 NW. 74 AVE. APT. 103	
MIAMI, FLORIDA 33015	

ARTICLE VI INCORPORATOR(S)

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

ARNALDO ROMERO	PRESIDENT, SECRETARY & TREASURER
17362 NW. 74 AVE. APT. 103	100 shares
MIAMI, FLORIDA 33015	

The undersigned has(have) executed these Article of Incorporation this 5 th. day of January, 2005.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

2005 JAN -6 AM 8:44

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICESTATE OF FLORIDA  
TALLAHASSEE FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: \_\_\_\_\_  
ROMERO'S MEDICAL GROUP INC.

2. The name and address of the registered agent and office  
is \_\_\_\_\_  
ARNALDO ROMERO  
(Name)

17362 NW. 74 AVE. APT. 103  
(P. O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33015  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

DATE 1-5-05