

POS0000 12167

(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



800045000318

01/24/05--01035--014 **78.50

01/24/05--01035--015 **0.25

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 JAN 24 AM 9:02

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JAN 24 A 11:35

FILED

1/25/05

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. HEALTH SERVICES OF DADE, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ 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
FOR
HEALTH SERVICES OF DADE, INC.**

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

**ARTICLE I
NAME**

The name of the corporation shall be:

HEALTH SERVICES OF DADE, INC.

ARTICLE II

PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of Business of this Corporation shall be:

7220 N.W. 36TH STREET SUITE # 640
MIAMI, FL. 33166

**ARTICLE III
PURPOSE**

The Corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE IV
INITIAL STOCK OFFERING**

The number of shares of stock that this is authorized to have outstanding at any one time is:

One thousand shares of One (\$1.00) Dollar per value each.

**ARTICLE V
INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

ANA LINARES
1145 SW 79 AVENUE
MIAMI, FL. 33144

**ARTICLE VI
INCORPORATOR(S)**

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

President

ANA LINARES
7220 NW 36TH STREET, SUITE # 640
MIAMI, FL. 33166

FILED
2005 JAN 24 A 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

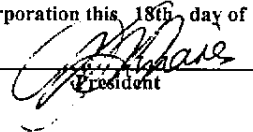
ARTICLE VII
REGISTERED AGENT

The name and Florida Street address registered agent is:

ANA LINARES
1145 SW 79 AVENUE
MIAMI, FL 33144

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 18th day of January 2005

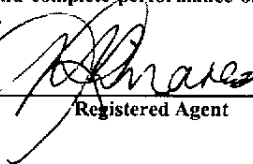
Signature _____


President

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent and to accept service of process of 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.

Signature _____


Registered Agent

FILED
2005 JAN 24 A 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA