

**P05800013653**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000021201 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

2005 JAN 26 A 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

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

**AMERIMEDICAL CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

20-1-2005

**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:  
AMERIMEDICAL CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
1905 S. E. 17<sup>TH</sup> STREET  
HOMESTEAD, FL 33035

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
SALES-SERVICES REPRESENTATIVE

**ARTICLE IV SHARES**

The number of shares of stock is:  
100 Shares \$1.00 each one.

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es)  
DANNA SUAREZ  
PRESIDENT, 50.00 % SHARES OF STOCK  
JOSE SUAREZ  
VICE-PRESIDENT, 50.00 % SHARES OF STOCK


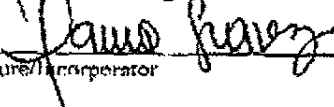
**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
DANNA SUAREZ  
1905 S. E. 17<sup>TH</sup> STREET  
HOMESTEAD, FL 33035

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
DANNA SUAREZ  
1905 S. E. 17<sup>TH</sup> STREET  
HOMESTEAD, FL 33035

\*\*\*\*\*  
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

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Date

2005 JAN 25 A 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED