

05000040760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

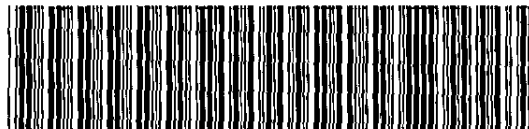
(Business Entity Name)

(Document Number)

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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. HOLISTIC MEDICAL GROUP 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

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## **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:

**HOLISTIC MEDICAL GROUP INC**

### **ARTICLE II PRINCIPAL OFFICE**

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

1150 NW 72 AVE  
MIAMI, FL 33126

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is offices of physicians

### **ARTICLE IV SHARES**

The number of shares of stock is:

ONE HUNDRED SHARES (100) WITH FIVE DOLLARS (\$5.00) VALUE PER  
SHARE

### **ARTICLE V OFFICERS AND DIRECTORS**

JORGE L TROITINO, PRESIDENT  
4719 SW 2 ST  
MIAMI, FL 33134

**ARTICLE VI      REGISTERED AGENT**

The name and Florida street address of the initial registered agent is:

JORGE L TROITINO  
4719 SW 2 ST  
MIAMI, FL 33134

**ARTICLE VII   INCORPORATOR(S)**

The name(s) and address(es) of the Incorporator is

JORGE L TROITINO  
4719 SW 2 ST  
MIAMI, FL 33134

.....  
*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*

J. Troitino  
Signature / Registered Agent

03/14/05  
Date

J. Troitino  
Signature / Incorporator

03/14/05  
Date

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